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St. Bartholomew's Hospital Journal,

NOVEMBER, 1901.

"Æquam memento rebus in arduis
Servare mentem."—Horace, Book ii, Ode iii.

Sir James Paget.

An Address given by STEPHEN PAGET, F.R.C.S., at a meeting of the Liverpool Medical Club, December 7th, 1901.

T is a great honour and a great pleasure to speak here of Sir James Paget; and to speak, as a son born after the flesh, to sons born after the spirit. But it was hard to know what more to write about him. For he has told the story of his early life in his own words: and I have added to them, as well as I could, the story of his later life. So I do not bring much that is new with me to-night. But I can at least go over his Memoirs and Letters again, and speak freely of him to men of his own calling, and try to put in words what I learned from editing his Memoirs. I do not set out to tell the whole story of his

life; I take the liberty of saying "just what I like," believing that you will hear most gladly what I best love to say of him.

Let me mention first the chief dates in his life. He was born at Yarmouth in January, 1814, and he died in December, 1899; thus he was born in the year before Waterloo, and lived to see the outbreak of war in South Africa. He left his only school, a day school in Yarmouth, when he was sixteen, and went straight into apprenticeship. He entered at St. Bartholomew's Hospital in 1834, and became qualified in 1836. He became Curator of the Hospital Museum, and Demonstrator of Morbid Anatomy, and in 1843 was appointed Lecturer on Physiology, and Warden of the Hospital College. In 1847 he became an Assistant Surgeon to the Hospital, and gave his first course of lectures on Surgical Pathology at the College of Surgeons. In 1851 he left the Warden's house, and set up in practice in Henrietta Street, Cavendish Square. In 1858 he was appointed Surgeon Extraordinary to Her Majesty Queen Victoria, and moved house to Harewood Place, Hanover Square, where he remained for thirty-six years. In 1871, after a severe illness, he resigned his work at the Hospital. He was President of the College of Surgeons in 1875, and President of the International Medical Congress in 1881, and Vice-Chancellor of the University of London from 1884. He left Harewood Place in 1893, and moved to Park Square West, near Regent's Park. Here he lived in retirement, and at the last in extreme infirmity, and died toward the end of his eighty-fifth year.

While he was still at Harewood Place he gave me the manuscript of his Memoirs, saying, "Do what you like with them; make some money out of them, if you can." The work of editing them taught me many things; and especially it enabled me to see clearly three facts concerning his life, which are plain enough now, but were not so plain before I came to study carefully the whole record. Let me try to say what these three facts are.

The first of them is the singular completeness of his life. Mere length of days is not completeness of life: a man may last a century and die with his life incomplete; but this life, whichever way we measure it, is complete. If we measure it in relation to his family, he was one of a large family, he outlived them all, and was left alone for many years, the last of his generation; and he and his brother brought back the good fortune of their family, and saw the rising again of the star that had gone down over Yarmouth. If we measure it in relation to his wife and children, he married his first and only love, and they lived to keep their Golden Wedding day, the last of half a century of years that were all golden, every one of them. The circle of his children remained unbroken round him to the time of his death. Whichever way we take the measure of his long life—by its output of work in science and practice, by its honours and its appointments, by its friendships, its experiences, or its influences,—by all these and all other estimates we come to the same judgment of it, that it was singularly and wonderfully complete. There were no loose ends, no work half done, no longings unfulfilled; like St. Paul, he finished his course.

The second fact of his life—I will say more of it by-and-by—is the singular happiness of it. I do not deny that the early years in London were often unhappy: but even through them there ran a vein of the precious metal, and this vein grew steadily wider as time went on. It did not always run near the surface of his life; it was overlaid by his incessant work, by official affairs, and by the heavy responsibilities of practice. But there it was always; and every year

he made the most of it. I did not know till I studied his life how happy he had been; and it took some time to find out this fact and to be sure that it was true. Perhaps all biographers go through this stage. They begin by seeing too much of the dull side of things; the early poverty and failure and disappointment that have to be got over. It is like Pandora's casket; all the ugly things come out first. All the losses and the sorrows, that he had in his early life, came straight at me, clamouring for recognition; they insisted on being recorded and emphasised, and the first draft of the 'Memoirs and Letters' was a very grey and dismal affair. Then I took good advice and recast the whole book; and, as I worked at it, slowly the light and the colour came into it, till at last it positively glowed with this fact, that his life was one of the happiest lives imaginable in our profession, rich past all calculating in happiness paid in, and in happiness put out at good security, with compound interest.

Beside the completeness and the happiness of his life there is a third fact, but I cannot find the exact word for it. His life was steadily ascendent; he was always on the upward grade. We are slow to see this fact while those whom we honour are alive. We prefer to have them as they are, to keep them in the present; we think of them as unchanging, the same from year's end to year's end; we should no more care to criticise them than we should care to put our daily bread under the microscope. Then they die, and we fall back on old letters, and memories, and the talk of their friends; and we see, for the first time, how they changed as they lived. While a good man is still living, and we are with him always, we are inclined to describe him in Bacon's words, "Certainly, it is heaven upon earth to have a man's mind rest in Providence, move in charity, and turn upon the poles of truth." But a man's life cannot be stated in terms of mechanics or mathematics: a good man is not a sort of heavenly body, revolving under compulsion, always the same, never any worse and never any better. It is true that we call him steady and well balanced, but this equilibrium is not at all like the movement of the earth on its axis; it is like the difficult walking uphill of a man with a bundle on his back. The good man's life is surely like the ascent of a mountain. First he keeps to the main road along the valley, which is narrow, and rather dull, and he cannot see far on either hand or far ahead: then he goes up the nearest hill-side, by a roundabout path that often seems to be taking him back again into the valley: then the top of the hill, and he feels the wind in his face, looks out over miles of open country, and sees the main road away down below, a mere thread. And here, if he likes, a man can sit down and enjoy himself, and get back to the hotel in time for his dinner and his bed; but some men go on, up to the snow level, and above it, and out of sight.

Let me therefore take this as a thesis, that Sir James Paget's life was complete, happy, and steadily ascendent; and let me try to say how this threefold design of his life was worked out. I divide the eighty-five years into four periods. First, his early life, up to the time when he became qualified to practise; that is twenty-two years. Next, the period of advancement in science and in hospital work and in lecturing, up to the time when he resigned the Wardenship at the Hospital; that is fifteen years. Next, the years of practice, six at Henrietta Street and thirty-six at Harewood Place. Finally, the six years of retirement and infirmity at Park Square West.

Concerning his early life—his boyhood and apprenticeship in Yarmouth, and his student days at St. Bartholomew's—he was born in 1814, left school in 1830, and was for four and a half years an industrious apprentice at Yarmouth, observant and business-like, and, in his spare time, devoted to botany and natural history. He and one of his brothers, in 1834, published an admirable little book on 'The Natural History of Yarmouth and its Neighbourhood.' He entered at St. Bartholomew's in October, 1834; discovered the *Trichina spiralis* in January, 1835; swept the board of hospital prizes in 1835, and again in 1836; and in May, 1836, became qualified, after the easy fashion of those days, though he had never dressed in the surgical wards of his hospital, and had never attended a confinement; indeed, he had never seen a child born. But these facts do not give us much help. It will be better to try to imagine Yarmouth as it was in the time of the Regency, and to put things back where they were in his father's house on the quay in 1814.

There is a sentence in *David Copperfield*—"Peggotty told me it was well known that Yarmouth was, upon the whole, the finest place in the universe." And, seriously, we may compare old Yarmouth, once on a time, to old Venice. It was a very important naval station, and was incessantly active in ship-building; it had a vast trade, out of all proportion to its size; and it was full of fury against the French and the Dutch. It got the news hot from Europe, and was always watching for Napoleon's next move; it

built ridiculous little fortifications to keep out the French, and packed up everything in case they came, and swore that not one Frenchman should leave the place alive if they did come. It worshipped Nelson as a god; it never forgot that England expected every man to do his duty—every man in general, and Yarmouth in particular. It loved politics, especially party politics, and elections, and the more rotten they were, the better it loved them. In its lucid intervals it patronised the fine arts, but only by way of relaxation. The motto of Yarmouth, *Rex et nostra Jura*,—which may be interpreted, *The King first, ourselves next, and the rest nowhere*—shows what it was: a loyal, brave, quarrelsome, rich, conceited little seaport, as valuable to England then as Portsmouth is now. It had its faults—drink, violence, bribery, the dulness of the Church, the brutality of the criminal law; but it stands out, by virtue of its hard work and its independence, as a very fine place to be born in,—one that feared God and honoured the King, and would blow itself to bits before it would surrender to Napoleon, if he did come.

Given a small town in this vehement state of mind, a boy born and brought up in it, in a good home, would learn to be loyal to his country and his King, to stand up for his own rights, to renounce the works of Voltaire, Rousseau, and Tom Paine, and to give no heed to the pernicious doctrine that nothing matters very much, and that everything is just like everything else. He might be narrow-minded, prejudiced, and insular, but he would not play fast and loose with religion and philosophy; indeed, he would not care twopence for philosophy. He would take a side and stick to it, would not handle ideas that he did not intend to hold, would be definite, positive, and rather old for his age. He might be unable to believe that "there is a soul of goodness in things evil;" but he would not be neglectful of things good, and he would not lightly give up any duty or any doctrine that he had once held sacred.

All these qualities seem to be in the heart of a certain apprentice, rolling the pills and packing up the leeches in Mr. Costerton's little surgery, seventy years ago. But the influences of a town are hard to measure. What were the influences of his home? His father's house on the quay passed from comedy to tragedy; it was bountiful in prosperity and patient in adversity; it stood against a sea of troubles, till at last death and debt together wrecked it, and it went down. That is just the explanation of Sir James Paget's early life: he was one of a large family; his father failed in business; one debt after another, one death after another, broke up the home; they took many years to do it, and he had to watch them all the time.

In the days of its pride, the house on the quay was a mirror of the best side of the life of the town; it reflected the piety, loyalty, and public spirit of all good Yarmouth people, their taste for books and pictures and natural history, their devotion to the great names of Nelson and Pitt. It exercised itself in works of charity, in a rather remote, old-fashioned way; but it observed the difference between charity and hospitality, and did not sacrifice the latter to the former. It was, above everything, hospitable; it rejoiced in its generous kitchen, its ample cellars; the old house-books tell a fine tale of its festivities, birthday feasts, Christmas feasts, and solemn dinner-parties of obligation; you would say that every other day was a birthday, unless it were Christmas Day or Valentine's Day. Moreover, it was a house that hated the French, and never dreamed of calling them our brothers; and, on the day when Yarmouth celebrated the abdication of Napoleon, at which time Paget was three months old, his mother laid the tricolour flag down on the doorstep, that every visitor might trample it under foot. Happy house, that knew its own mind, and took itself so seriously, and had strength and stability to the end of its fortunes. It was founded, not on the sand, but on the rock; but it fell, and great was the fall of it.

Of his father and his mother he has written in his 'Memoirs,' and in words so well chosen that they will be read, I believe, long after we are gone. From his father, we may guess that he obtained, by inheritance or by example, his optimism, his unwillingness to worry over things remote or inevitable, his swift enjoyment of all pleasures when they came, his love of peace, and his simplicity. From his mother, the strenuous will, the spirit of science, the touch of pride and of temper, the staying power, and the habit of orderly business-like work. Of his brothers and sisters, it may suffice to say that their virtues far outweighed their faults, and that they were outspoken, clear-headed, vehement young people, who criticised each other freely, and were singularly intolerant of outside criticism. The family chronicles and old letters give a picture of a home-life that had a certain passionate energy, a spirit of unrest, a rush of work and play through every room in the house. And, when adversity came, they stood together, and kept their faith in Providence and

their strong will for work; and were proud of themselves even when the fortunes of the family were gone down, and their name in Yarmouth was hardly more than a memory.

At the time when all these troubles began, Paget was a little boy at Mr. Bowles' day school. At the time when they came to an end, in 1857, in which year he paid £1300 of his father's liabilities, he was forty-three years old. Here, in his devotion to his own people, is the dominant influence over his early life. And, through all his later life, it was the same with him; Yarmouth kept calling in his ears; he went there, in his old age, again and again; he noted all days of remembrance, all birthdays and death-days; he observed old family customs; he treasured all things that had belonged to his people. In one of the last letters that he ever wrote, on December 1st, 1896, he says, "That date reminds me of my father's birthday—the 1st of December, 1774,—a day always gladly and happily kept as long as he lived, and still gratefully remembered by his only surviving child. He was a thoroughly good man, a gentleman in his very nature, only too hopeful, and too generous even to his children." Thus, at the last, he still looks back to Yarmouth, and sees the afterglow over the house on the quay.

But we are not yet come further than 1834. Of his life as a student at St. Bartholomew's Hospital there is no need to say much. It was his first sight of London, and he was deeply impressed with the architectural beauty of Portland Place—which shows that he was not very hard to please. But I do not think that he was at this time susceptible to the fascination of London. He abstained from sight-seeing, and was proud of his abstinence. London did not urgently appeal to him, either for good or for evil; he was content to be in a good set at the hospital, and to stick to his appointed work—a young man older than his age, more grave and watchful than most men of his age. He had not yet attained his majority, but he might already be called a man of science, for he had published his first book, made his first discovery in pathology, and carried off whole armfuls of hospital prizes. He says, in his 'Memoirs,' that the prize-giving, in 1835, cost him one of the only two sleepless nights that ever he had in his life. There can be no harm now in revealing the occasion of the other sleepless night; it was also a sort of prize-giving, in 1836; it was his engagement to be married.

Between the first and second periods of his life there come three months, January to April, 1837, in which he went to Paris and walked the hospitals there. The Englishman abroad, in 1837, was bound to despise all foreigners, especially Frenchmen; it was a point of honour with him to think them frivolous, ill-governed, and idolatrous; and Paget's letters from Paris are written after the fashion of his time. Moreover, Paris under Louis Philippe was not very select; especially, the Quartier Latin was not; and this young Englishman went through a stage of disillusionment and of shock. Paris did him no harm, but it took the heart out of him; it showed him its worst side, and shook his optimism. He was out of his element there, at cross-purposes with everything; he saw nothing of the greatness of France, he understood nothing of the Roman Catholic Church: altogether, it was rather a dreary time, and he was thankful to get back to England.

The second period of his life is from 1837 to 1851; from the time when he began to cast about for a livelihood in London to the time when he resigned the Wardenship of the Hospital College, and moved into the consultants' quarter. There is so much to be said about this part of his life, that I cannot put it all in a neat and orderly way. One thing I will not do; I will not present it in the style of a chapter out of Smiles' 'Self-help.' All along, he would have helped himself more if he had helped his own father less. Help yourself—it suggests dipping into a dish and filling your particular plate; and I find no self-help of that sort in his life. Moreover, every reviewer of his 'Memoirs' has said enough and more than enough of his poverty, his incessant fight to get work, how little money he made in fourteen years, and how old he was when he began to save. We want more personal knowledge of him, to understand how, with the burden of Yarmouth on his back, he was able to go up the hill-side.

Perhaps it was rather easier then for a young man to work hard in London than it is now. We are looking back to the very beginning of the Victorian age; for it was in 1837 that Her Majesty the late Queen came to the throne. The London of those days is the London of the *Pickwick Papers*; it had no railways, no bicycles, no special editions, no grand restaurants or music halls, and no electricity anywhere. It has vanished, with its hackney coaches, chop-houses, caves of harmony, and other mild excitements that were good enough for Mr. Pickwick. The little adventures that thrilled

old Mr. Pickwick would only have bored young Mr. Paget. He preferred the long day's work at the Hospital or at the College of Surgeons, and the long night hours given to reading and writing, translating, and catalogue making. Science never had a more willing servant; the one thing he was fighting for was the right to live by teaching science to students. He was truly a man of science; he had the scientific mind, the true spirit of teaching; he was impatient of all slack thinking and vague talking, and he hated all casual and eccentric ways of working. Here was the man for a medical school. There was nobody quite like him at the Hospital; there was no prophet in that Israel; the School was going down for want of a man inspired with the love of hard work in science, who would preach the gospel of work, and not look back, or hedge, or take things easily; a man with a touch of asceticism in his daily life, and a passionate longing to raise the tone of hospital teaching, and to compel all students to worship with him at the altar of hard work.

So in 1843 Paget was appointed Lecturer on Physiology at the Hospital, and Warden of the new-created little College within its walls. It is to be noted that this College had a twofold aspect: on its one side, it was a business venture for the increase of the School; on its other side, it was an ethical movement for the spiritual welfare of the students. Thus everything depended on the first Warden. A man who was unbusinesslike, irresolute, or sanctimonious would have wrecked the whole scheme. And behold a man who was the very opposite—a man desperately in earnest, absolutely sure of his ground, hard, vigilant, a terror to evil-doers; who could with half a dozen words make the smallest student feel proud, and the proudest student feel small. You might hate the Warden, but you had to reckon with him; you might "draw" him by having a rowdy supper in your rooms at one in the morning, but he made you sorry for yourself when he came. You might set out to go to the bad, and every step you took he would be after you, striving with you, and scolding you till you shook in your shoes—a man dominant, austere, laborious, the last in bed and the first in chapel; overburdened with the tragedy of his old home: but, for all that, a man who could still keep a fairly light heart and a firm faith, and go steadily up the hill-side, burden and all.

I say "a firm faith," and perhaps it is better to speak than to be silent about his faith; but, of course, I can only blunder and go wrong in speaking of it. I took it upon myself to publish many of his home letters that express his faith; but these were home letters: outside his home he was silent about it, and he had no admiration of men who wear their hearts on their sleeves. He hated dogmatic magazine articles on religion, and all off-hand table-talk and fashionable controversy. When he was compelled to speak, he spoke out; but his silence was more telling than his words. I remember him at Harewood Place one Sunday evening, when there were three of his friends there—a great pianist, a great preacher, and a great editor; and the talk, by some perversity of its own, turned on the belief in immortality. But he sat still, looking down and not saying a word, and the talk went off to something else. He was so reticent about his faith, that once in 1858, when he was near dying of pneumonia, an old friend actually wrote to him, regretting his apparent indifference, and urging him, before it was too late, to consider the state of his soul.

This much may be said, without offence, of his general religious belief; that it was, on the whole, that which he had received in his boyhood. Of course, as he lived, it became more catholic, more gentle, and more learned; but it remained, in its substance, simple, much beholden to authority, not speculative, not metaphysical. It had no hope, and no desire, of reconciliation with positivism or materialism. He was, it is true, a careful and constant reader of English books of theology; he loved the sense of logical and historical assurance that they gave him; but he did not read them only as intellectual exercises, and he avoided the habit of reading books of opposed thought. I cannot remember that he ever read a word of Renan, Strauss, Haeckel, or Comte, or more than a page or two of Herbert Spencer. What he had he held; what he would never want to hold he never handled; he did not toss up ideas, to see which side would come down uppermost; he knew what he wanted, he limited his thoughts. He exerted his will to keep his faith, not as the balanced result of irreconcilable views, but as a guide through the innumerable difficulties of a very practical life.

And, at this period of his hospital life, there were difficulties enough and to spare. The staff was divided against itself; and if he had cared for quarrelling he might have had his fill of it. He used to boast, in his later years, that not one of his colleagues had ever succeeded in quarrelling with him. One of them did get so far

toward success as to write a furious letter to Paget about some trifle; but happily it miscarried, and when they met, and he found that Paget had never received it and was in no way withered, he said, "Oh well, never mind then," and to this day nobody knows what was in that dreadful letter. But Paget used to tell the story to illustrate his golden rule, "If you have anything important to say to a man, never write it; go and say it to him." On another occasion, he had put himself in the wrong with his colleagues. He was to do the operation for cleft palate; it was at that time almost a new operation, and he asked a surgeon of another hospital to come and show him how to do it, or help him to do it. He was thinking only of the patient, and had no design of offending his colleagues; but they were offended, and no great wonder, and they presented to him a written protest against his conduct. At the sight of this solemn document he put his hands behind his back and refused to take it; and then one of them, by a sudden kindly inspiration, said, "Then I suppose we must put it into the fire;" and into the fire it went, and there was an end of it. He did really hate quarrelling; he loved keeping his temper; but I thank Heaven that he could also lose it. Once, I remember, when somebody was rude to his wife; another time, when he was called to a case that had been wrongly treated; another time, when he found a woman fainting in the street, and the policeman insisted that she must be laid flat. Paget made her sit up against the railings, with her head between her knees; the policeman began to reverse not only the treatment, but also the patient. "You don't know whom you are talking to," said Paget very wrathfully, and went off. I remember, again, travelling through France, how angry he was when a railway guard accused him of travelling with more children than tickets. "Nous sommes Anglais," he cried; which was bad logic. And one little outburst of anger I love to recall—how, in a village in North Italy, he saw a man being wheeled home in a wheelbarrow by his wife, at his ease, without the excuse of being drunk or incapable. He "went for" that man, and got him out of the barrow, more by sheer force of will than by any definite use of the Italian language.

I come now to the third period of his life, the time of his work as a surgeon. This period, from 1851 to 1893, is forty-two years, just half of his life. But I pass over the six years at Henrietta Street; they were transitional. I speak only of the thirty-six years at Harewood Place, full of hard work, full of sunshine, untouched by any great sorrow, and fruitful of every honour and every office that are the highest rewards of our profession. What can be said of these thirty-six memorable years?

I remember well the zenith of his practice. The day began with his pile of letters at breakfast; and he often had to enforce a dismal rule of breakfast at a quarter to eight. He did some operation or visited his patients till ten; then came three or even four hours of incessant and rapid consultations; then the long afternoon and evening given to hospital work, committees, councils, and visits; then, after a very short dinner, without five minutes' delay after it, the night hours of reading and writing, from 8.15 or 8.20 to one or even two in the morning; and, of course, he was sometimes called out of bed to the Hospital. That is a true account of many a day's work all through the great years of his practice. He had the rare power of going swiftly from each duty to the next without stopping, and, as it were, by instinct. He was punctual, methodical, precise; he rather prided himself on knowing the exact place of every book on his shelves and every instrument in his cabinet; on being able to do with a small table, or a small share of the big family table; on the exquisite neatness of his handwriting, and the saving of his words. I cannot imagine him wasteful or forgetful or untidy; his things were never misplaced, never lost, and they all lasted for ever. He worked without fuss, in a quiet, irresistible way that recalls Matthew Arnold's words,—

"One lesson, Nature, let me learn of thee,
Of toil unsevered from tranquillity."

And he had an unaffected preference for his own home, as the right place to work in and the right thing to work for. He enjoyed all the little pleasures and courtesies of his home, the frequent giving of flowers for its adornment, the observance of its festivals, and the whole pious ritual of home life. He very seldom found fault with his children; he always said that the reason why people scold their children is, mostly, not that the children may be improved, but that the grown-up folk may stop the children from bothering them. He left all household affairs to his wife, and had a custom, every evening, of dividing the day's fees with her, giving her the silver for little expenses, and putting the gold in a little bag for the bank. He was very slow to perceive, and very unwilling to

admit, that the house, as a house, had any defects, either æsthetic or sanitary; and he declared that certain alterations of its drainage had led to nothing but an increase of minor ailments among its inmates. I cannot stop to tell the story of that house. It witnessed a marvellous energy of work and play; it welcomed the immortals, the great men and women of the Victorian age: it had its faults, but it had also a soul of its own. When he left it, it gave one trial to a new tenant, and then remained desolate. When he died, it died too; and now there are swaggering new shops and flats in its place, with all modern improvements; and a window full of fashionable wasp-like corsets occupies the sacred spot where his consulting room used to be.

What he and his wife were to each other is written on every page of the 'Memoirs and Letters.' Such happiness would have been impossible for him if he had held a poor opinion of women in general. It is true that he did not much admire political women; but he also did not much admire political men. And it is true that he doubted, most of his life, whether the practice of medicine by women was an unmixed benefit to the community; but he was always singularly cautious, it may be too cautious, over all novelties and all untried schemes—"a very mild reformer," he calls himself. Besides, those who are most ready to advocate the cause of medical women are not always those who know by hard experience the difficulties of our profession. But he had a most profound belief in the intellect of women, and in their "rights;" and he mocked at the idea that women are less clever than men because their brains are lighter by two ounces. "It's a question of quality," he said, "not of quantity." And, beside this firm faith in the intellect of women, he had the doctor's sympathy with them. He writes of one, who was ill from nursing her baby, "Each year one lives, one wonders more at women; and admiration of them gains new meaning, while losing nothing of its old one." And of another, who was expecting her confinement, "Oh, how little *men* would tolerate this weary waiting for suffering!"

I said in my thesis that Sir James Paget's life was singularly happy. Every memory of Harewood Place recalls his happiness there, and his unaffected, thankful, unhesitating enjoyment of the good things of this life. The touch of hardness and austerity in him, the touch of narrowness, were gone; they had served to pull him through his poverty, his disappointments, his loss of precious lives at Yarmouth, his dismal uncertainty about his future. Summer had come at last, and he was out of the valley and above the hill-side, in blue sky and blazing sunshine. He did not have to look for happiness; it was everywhere. His keen and immediate delight in his holiday pleasures was something wonderful. I have a thousand memories of those holidays, of walking tours in the Tyrol and North Italy, and of sight-seeing in Venice and Florence; and always the picture of him eager and enthusiastic over everything—mountains, landscapes, galleries, churches, and all famous sights,—and his equal happiness in simpler joys, his uncontrollable laughter at a good farce, his self-abandonment to the mild frivolity of a German beer-garden, and all the little amusements and chaff and irresponsibility of a holiday abroad. And of his holidays in England there are the like memories, only lower-toned and less vivid, for he loved to get right away to the languages, foods, and customs of other countries. Even in London he kept something of the holiday mind. London did at last find the way to his heart. He learned the fascination of London, the scenic effects, the long curve of the Embankment, the old City churches, the flaring stalls in the streets on Saturday nights, the sunsets, the whole vision of London life; he loved his London,—partly for its beauty; partly, as Dr. Johnson and Lamb and Dickens loved it, for its humanity: anyhow, like a true lover, for its own sake, and without any desire to see it improved: for he was profoundly indifferent to all politics, whether Parliamentary or municipal,—what we should now call "a bad citizen," but one of the best of all good Londoners.

And with this increased love of London there came also an increased happiness in London society. There was something distinctive about him in his social life. Partly it was the carefulness and self-restraint of his words, his resolute avoidance of a positive opinion on subjects far outside his own work, his dislike of mere cleverness, and his sharp contempt for eccentricity. Partly it was the grave, rather tired look of his face after a very hard day's work; the look of a man who still had fifteen letters to write, but was not going to say that to his host, and was really enjoying the good table-talk. But if I can sort out of many memories one more distinctive than the rest, it is this—that he had, in society, the air of a man who represented his profession, and was very proud of that honour. I cannot imagine him, for one moment, wishing to be

taken for anything but a professional man. He was a surgeon and a man of science, and that was enough for him.

And he loved the professional life. Only, it must not be divorced hopelessly from science. That is the sum of all his addresses to students, that they must keep in practice a mind for science. Let them do this; and then let them "drive hard" at practice. What did he most admire in men of his own calling? First, the spirit of science; next, the resolute will to succeed in practice. He never despised the things that lead by fair means to success—the cramming, the examinations, and the hard fight for a front place. A man ought to let other men see that he intends to get all the work he can do, and the reward of that work. But the chief reward of work is more work. A man ought to advertise his work, but nothing except his work, and that only to the men of his own profession. He ought to cast in his lot with other men, and fight for his own hand; fighting by good work to get better work. And to be successful he must hold very lightly to everything else. Books, and art, and music, and athletics are to be counted as recreation or as relaxation. Let him avoid all fads, all peculiarities, all vagrant tastes, all appearance of eccentricity; let him acknowledge that habitual originality is no more desirable in the medical profession than in the army. He must not be impatient of conformity or even of conventionality; he must "prefer small duties to large plans;" he must be like other men.

But, though he rather admired a certain measure of conventionality, Paget had no respect for solemnity. Partly by nature, partly because he felt so deeply the tragic side of things, he loved the occasional comedy of practice, the relief after anxiety, the joy of being able to tell good news, the laugh at some absurdity in a case. I remember how he was asked, on a holiday, to see a poor woman who was supposed to have cancer of the lip; how he came out of the cottage laughing, and called back to the patient, "Good-bye; tell your husband to kiss it away." And there is another story that I venture to repeat here. When he was attending, more than thirty years ago, a very distinguished patient, he was met in the street by a friend, who said to him, "I hear you have had to cut off the Princess's leg." Paget, in a moment, rose to this opportunity for a score. "Yes," he said very gravely, "and that isn't the worst of it." And then he added, "We made a slight mistake, and cut off the wrong leg."

This love of a good score, this sweet and wholesome freedom from solemnity, are part of that simplicity which was the real source of his strength. If I may choose, out of all the virtues that were daily in him, one that is above the rest, let it be the singleness and the directness of his purposes. He never posed, or acted, or spoke in oracles, or hinted at secrets, or did or admired things mean or tortuous or eccentric; he never made light of what is good, and he never peeped through his fingers at what is evil. When he wanted a thing he worked for it; when he obtained honour he was glad of it; when pleasure came his way he mostly took it; and when he said a thing he always meant it. All the high offices that he held, and all the admiration that met him at every turn in his profession and in society, and all the immeasurable influence that he exercised among the men and women of his day, did not once make him false to himself, or disobedient to the heavenly vision; nothing ever darkened the clear, pure, old-fashioned, homely simplicity of his nature.

Give me three minutes more in which to speak of the last period of his life, the six years of retirement at Park Square West. In this, at least, we shall all follow him, if we live long enough. He learned the full hardship of retirement—the inevitable time when the callers are none of them patients, and the letters are all of them advertisements, and other men do all the science and get all the practice. The more success a man has enjoyed in our profession, the more he dreads the loss of all work, all influence, all engagements—the mornings without a patient, the afternoons blank, the evenings without anything that must be done. And consider how much he must give up, who loves work passionately, and has a keen delight in his own energy and influence, and in social life. But Paget had to give up, also, everything; the companionship of his wife and the sight of his friends; the very power to stand, or to write his own name, or to speak above a whisper. These last two years of his life are nothing short of a miracle; they cannot easily be reconciled with any natural interpretation of things. He never once grumbled; he seemed to become, so far as it was possible, every day more gracious and more loving; he surrendered every vestige of his old life with a sort of courteous, half-humorous gentleness. So long as he could hear a note of it, he delighted in music; so long as he could see a word of them, he read his books

of devotion; so long as he could be lifted into his carriage, he would go to do a kindness to somebody. The picture of these last years effaces all other remembrance of him; this picture of him when he was helpless, silent, utterly enfeebled, unable to move from his chair; always patient, always full of divine courtesy and loving-kindness; waiting till he was free of the trouble of living; and refusing, when the end came, even to admit that he was glad it had come.

I began with this thesis, that Sir James Paget's life was singularly complete, singularly happy, and steadily ascendent. Let me end by saying that the greatest of these is the last of them. In all things, the longer he lived, the higher he went. In his religion and in his social life; in work-time and in holiday-time; in his opinions, sympathies, and tastes; in every thought, word, and deed he attained the wider outlook, the clearer vision, the more exhilarating air, the brighter sunshine, the whole delightful happiness of being high up. Then, highest of all, in the time of his infirmity, he left behind him every pleasure and every honour, and quietly took the hard and solitary path that led him to that consummate achievement of his life—a perfect old age.

The Modern Treatment of Pulmonary Tuberculosis.

*Being a paper read before the Abernethian Society on
October 17th, 1901,*

By EUSTACE TALBOT, M.B., M.R.C.P.



WHEN I accepted the invitation of your Secretary to read a paper before this Society my chief object was to find a subject of which I knew as much as my audience. Now circumstance has ordained that I should make practical acquaintance with the treatment of pulmonary tuberculosis. This fact, combined with a residence of six months at a chest hospital, has given me an opportunity of seeing and comparing the treatment of pulmonary tuberculosis in the two main divisions of society. Another consideration made it appear probable to me that the subject would be of interest to the Abernethian Society, viz. that it is probably true that pulmonary tuberculosis is the commonest serious disease with which we have to deal in England; it is certainly true that it is the disease that we see least of in our ordinary student work, and the newly qualified man goes into practice having seen perhaps a dozen cases of pulmonary tuberculosis, and those probably in the last stages, when the diagnosis is as easy as the treatment hopeless.

I have called my paper the "Modern Treatment of Pulmonary Tuberculosis" because, though it is true that our ideas are the legitimate outcome of Aristotle's advice that phthisical patients should live in the country and drink goat's milk, and many physicians since have advocated open air and generous diet; nevertheless it is a fact that the systematic and scientific use of these means is a development of the last thirty or forty years. Again, nothing has more profoundly affected our ideas of treatment than the dogma of the curability of pulmonary tuberculosis, and this is an entirely modern conception. Laennec put the duration of phthisis as eighteen months, and that opinion, with slight lengthening of the time, has existed till the present generation, when one of the most distinguished of London physicians has spoken of tuberculosis as the most curable of all diseases. It is legitimate to ask what has brought about this revolution in thought. I think the true cause will be found to lie not so much with any new scheme of treatment, certainly not with any specific remedy—we are as far from that as ever,—but in the earlier recognition of cases, and the knowledge that the slight cough accompanied by bacilli in the sputum is the same disease as the consumption of the story-books—the hectic fever, incessant cough, bright eyes, and the rest of it. This knowledge was impossible till Koch's discovery had made certain the unity of cause of tubercular manifestations, and had given us the means of diagnosis in the earliest stages. Our cure, then, depends more on accurate and early diagnosis than on any details of procedure. If we examine the matter we find that the progress of early diagnosis has been commensurate with the advance of the clinical

means at our disposal. Originally the diagnosis had to be made on symptoms,—night sweats, wasting, free expectoration, etc.; and this disease was necessarily and rapidly fatal. Then came the stethoscope, and with an increasing skill in using this instrument, and accuracy of interpreting the knowledge it imparted, the prognosis improved greatly. Then came Koch and the microscope, and the clinical duration of the disease took a great leap, and the number of real cures increased rapidly. These are the considerations that make us profoundly sceptical of this or that much-vaunted line of treatment. For the situation seems to be something like this: if you diagnose your cases in the really early stages, and treat them from that moment seriously and sensibly, the great majority of them will get well, permanently and really; if you do not, no line of treatment will do more than patch up, with more or less success. It is clear that the point here lies with the definition of the words "early" and "serious and sensible treatment." Let me see if I can get at some sort of definition of these terms. What, then, is early phthisis? Can we define it by certain physical signs? I think not. Or can we define it by symptoms? Again I think not. It is by a combination of these two that we can best get an idea of an early case. That is to say, absence of physical signs, or physical signs confined to a small area, and of such nature that they point to a limited and sufficiently resisted lesion, combined with symptoms that do not indicate any substantial poisoning of the whole system,—such a combination would constitute an early case. This is not the place, nor am I the person, to define more accurately what these physical signs are. Such knowledge can only come after much practice and experience. It is obvious that such a definition is vague, and depends very much on the skill and experience of the observer. For instance, some refuse to recognise as abnormal any alteration in the breath-sounds that come short of bronchial breathing. Such a man will never recognise an early case with the stethoscope. Again, there are certain symptoms, without physical signs, that, if not diagnostic, are highly suspicious of tuberculous infection. Prominent among these are hæmoptysis and pleural effusion. There is good evidence that the latter in the overwhelming majority of cases—some would say in all cases—is tubercular in origin; it is certainly true that if all cases of pleural effusion were regarded from the first as tubercular, and treated as such, a considerable number of lives would be saved. As to hæmoptysis, I believe that if we regard the spitting of pure blood by a person in whom we may exclude heart disease and chronic bronchitis as invariably tubercular, we shall not be far wrong. Undoubtedly such a condition as new growth of the lung gives rise to this symptom, but this is comparatively a very rare disease. Of this I am certain, that the presence of some granular pharyngitis, or of an enlarged vein in the pharynx, does not justify us in making the disastrously common diagnosis that "the blood comes from the throat," because we cannot detect any physical signs with the stethoscope. That such a diagnosis is common, and that it is lamentable in its results, a residence in any health resort gives ample evidence. It is probably true that this condition may cause a streaking of the sputum, but that it ever gives rise to the spitting of the highly significant mouthful of pure blood has never been proved, and is in the highest degree improbable. In all doubtful cases, *i.e.* in all cases where the stethoscope does not give indisputable evidence of tubercular deposit, the diagnosis rests with the microscopic examination of the sputum. Here we are met by a difficulty. Supposing the patient denies that he has any sputum?—and many do so. In many cases it will be found that there is some expectoration on first rising, or shortly after the first meal, so insignificant in amount as to escape notice, but quite sufficient for our purpose; in others the patient may be taught to expectorate. But there are undoubtedly some cases where for long times sputum is really absent, and where the diagnosis must remain unproven for a time. I believe this class to be a very small one.

Let me now take as a typical case of early pulmonary tuberculosis a man who has been working hard in a town, who comes to a doctor for a tonic, complaining of feeling run down and slack, and easily tired. On being questioned he owns to a cold hanging about him, and to bringing up a little sputum in the morning; his appetite is capricious, and his digestion frequently at fault; he has lost some weight, and all effort is irksome to him. In a word, he feels as if he wanted a good rest and holiday. You examine him, and find some signs that are suspicious at one apex, perhaps a slight diminution of movement, a flattening of the percussion note, a muffling of inspiration and an accentuation of expiration, on coughing and breathing deeply there may be a distinct click at the top of inspiration. You find that his afternoon tem-

perature, between 4 and 6 p.m., is raised a degree, and is liable to rise higher if exercise has been taken, and on examination tubercular bacilli are found in his sputum. Such a description may be taken as giving the clinical picture of an early case, and one that in all probability would prove amenable to treatment. What line of treatment, then, are we to suggest? Let us suppose that our patient is so fortunate that money is no object. There are three main roads that we may follow, which may be described as the climatic, the sanatorium, and the combination of the two. First, then, as to climate. From time immemorial it has been recognised that tubercular people do better in some climates than in others. Latterly the climates that we may take as of proved benefit may be classed under three heads: the warm and dry, *e.g.* Egypt; the warm moist, *e.g.* Madeira; and the cold dry, *e.g.* the high Swiss valleys. To these may be added the climate of a sea voyage, which is too varied to come under any distinct head. Of these I think it is now proved that for the great majority of cases the dry cold climates give the best results; at least all the statistics that are obtainable point most strongly in this direction, and the opinion of the most experienced in the matter confirms this statement. I say for the majority of cases, because there are undoubtedly some that do not do well in the intense cold of the Swiss winter; but if our typical patient is a young man, capable of taking sufficient exercise to maintain his circulation in full vigour, and not the subject of marked bronchitis or emphysema, we shall be doing our best for him if we send him out to one of the Swiss valley resorts; that is to say, if we have made up our mind to trust to climate alone to effect the cure.

This brings us to the second road, that which leads to the sanatorium treatment. This is what is erroneously called the open-air cure, and, unfortunately, it has got into the lay papers and magazines, and, in consequence, a great deal of nonsense has been talked about it, to the detriment of the treatment, and to the advertisement of certain enterprising men. Some people seem to think that all that is necessary to cure all cases of pulmonary tuberculosis is for the patient to sit in a draught, preferably in damp clothes, and to eat till he vomits. As a matter of fact, the whole essence of the sanatorium treatment consists in the complete resignation of the patient to the elaborated system of hygiene which the medical head of the sanatorium may devise. In this system, no doubt, abundance of fresh air is an important item, but it is unreasonable to fasten on one factor of the whole of an elaborate treatment, and to emphasise that at the cost of underrating the importance of the others.

Let me describe the general routine of the modern sanatorium. Details, of course, vary in different establishments, but the following description covers the essential outlines of the treatment. The patient is seen by the doctor early in the morning, his temperature taken and charted, the account of the night heard, and any sputum examined: his morning is then mapped out, so much walking, so many hours resting on his outdoor couch, etc. The temperature is taken after the morning walk, and an hour of absolute rest is enjoined before the midday meal. This over, and after another rest, the afternoon exercise—also regulated in amount and rapidly by the doctor—is taken, the temperature is charted after coming home, and again an hour later: another rest before dinner, and a visit from the doctor, who then sees if the temperature has risen unduly after the afternoon walk. The evening is spent resting out of doors, or in strolling slowly, and the patient goes to bed at 10 p.m. The whole of such a day is spent out of doors, the hours of rest being taken on a couch, usually in one of the many "liegehallen," whose object is to let the patient have the maximum amount of fresh air whilst protecting him from the wind and rain. At night the room is kept freely ventilated by open windows, there being usually some heating apparatus to keep the temperature comfortable. In some places the patients actually sleep out of doors. The food provided is abundant in quantity, and well cooked and served; the patient is urged to eat freely, especially of meat and eggs; if his appetite flags some bitter tonic is prescribed before meals, and the great importance of a liberal diet is pointed out to him. As a matter of fact, with such a life, most men can eat what corresponds to two dinners a day, besides a good breakfast, and many can drink, in addition, a couple of pints of milk in the twenty-four hours. Every detail in such a life is regulated by the doctor, whom the patient sees at least three times daily, and the great guide to increasing or diminishing the amount of exercise is the temperature chart. The chest is carefully examined at regular intervals, and a note kept of the condition found, so that the progress of the local lesion may be as accurately followed as possible. Such is the outline of the day in a sanatorium for a patient with early or arrested disease. Where the temperature

is pathologically high, and there is other evidence of active disease, much more rest than is indicated above is ordered,—in fact, above a certain temperature the patient is kept entirely in bed, lying in the open air, or as nearly so as possible, and fed abundantly. The temperature at which such a course is ordered varies, no doubt, in different establishments, but a nightly temperature above 101° in the rectum is generally regarded as an indication for complete rest in bed. Too much importance cannot be put on the temperature as a therapeutic sign: if it keeps up it is certain that things are going wrong, and the treatment must be modified accordingly in the direction of greater rest; on the other hand, if the temperature keeps down the exercise may be cautiously increased, for most people agree that the more exercise the better, provided that there is no bad effect on the temperature. This being so, it is important to decide what may be regarded as the physiological variation of temperature, a matter which is by no means easy to settle. One of the best authorities on the subject makes the following rules:—with complete bodily rest a temperature of 99.4° is the top limit; beyond that it must be regarded as pathological. With exercise the temperature may rise to 100° , provided that it falls a degree within one hour of coming in from the walk. These temperatures are taken in the stream of urine: about $.4$ of a degree must be added to the above figures if the rectal temperature is taken. The mouth temperature must be disregarded, at any rate in the colder climates, as it is found that the temperature so taken is often normal when the rectal or urinary temperature is pathologically raised. This is probably due to the mouth being kept open during walking, and to the consequent local lowering of the temperature in the intensely cold air of the Swiss winter.

I do not know if any recent work has been done on the subject, but my experience has taught me that the temperature of the tubercular subject, even in quite an early stage, is in a condition of unstable equilibrium as compared with the normal man, much less leads to a rise, and fatigue, even when short of any subjective sensation, makes its impression on the temperature chart. I have known many cases where a keen rubber of Bridge has raised the temperature a degree and a half, and in these instances even the mild excitement so afforded must be forbidden.

Let me now examine the theory on which this life of rigid *régime* is based. It may be briefly put thus:—You place the patient under the most ideally perfect physical conditions which experience and general principles suggest. You let him take just sufficient exercise to maintain his circulation and excretion and to stimulate his appetite; you encourage him to eat abundantly of the best food, and you watch his digestion carefully, and if necessary correct it; you supply him with the utmost possible quantity of the purest air you can obtain, and, for the same reason, you rigidly forbid any breathing of contaminated or unduly heated air; and you attain these purposes by making the patient live, as far as possible, in the open air. You apportion his rest with the same nicety, and you constantly watch for any special symptoms that may arise, and, if necessary, modify the routine on their account. In a word, the patient lives as carefully regulated a life and as much under medical control as a typhoid patient. It is as absurd to describe the one as the open-air treatment as the other as the bed treatment.

Such, then, very briefly and roughly, is the sanatorium treatment of pulmonary tuberculosis which has come into such prominence lately, and has led to such excellent results. There are many points at issue, concerning which diametrically opposite opinions are held. For instance, people will say that climate has nothing to do with the matter, and that the treatment may be as successfully carried on in the damp and uncertain English winter as in the pungent dryness of the Swiss valley, or the balmy sunshine of the Italian Riviera. Another will say that the object to be obtained is complete rest of the affected part as far as that is possible, and such a man will put the "lung into splints" by prescribing almost continual rest, whilst another will tend to disregard the local conditions, and will trust to getting the patient into the best possible health, and to nature doing the rest. These points cannot at present be settled dogmatically one way or the other; probably here, as elsewhere, the truth will be found to lie somewhere between the two extremes. My own experience would lead me to assert that climate is a very important factor, and that the ideal treatment is to be attained by a life such as I have sketched lived in the high Swiss valleys or in some similar climate. The advantages of these places are many: the great brilliancy of the sun, and the extraordinarily stimulating effect that cold, dry, rarefied air has on almost all people: appetite is increased, weight added, and a general sensation of "fitness" and exhilaration experienced. The comparative absence of wind, and the entire

absence of rains and mists, encourage people to live out of doors, and the fact that the ground is covered by many feet of snow for five months in the year means a practically dust-free atmosphere, that in itself tends greatly to diminish bronchial and laryngeal irritation. Whether there is the definite specific anti-tuberculous element in such a climate that was at one time spoken of is more doubtful, but it is difficult not to believe that the breathing of absolutely pure air must have a curative effect on the local condition. So much do I believe in the importance of the climate, that for a sensible patient, who would rigorously follow instructions, a residence in Switzerland, with a regular visit to a good doctor who would watch the progress of the case, would be more beneficial than a course at a sanatorium in England; and it must be remembered that there are some very real disadvantages in the latter life. In the first place it is intolerably irksome to some people, and the constant companionship of invalids and comparison of symptoms has a very depressing effect, which reacts detrimentally on their health. With other people the close supervision and the accurate recording of symptoms induces a condition of hypochondria which has ruined many lives. Such people cease to believe in the possibility of health, they are depressed almost to suicide by a purely negligible loss in weight, or by a trivial catarrh, and they finally reduce their existence to a valetudinarianism that is piteous in the extreme. The great advantage of the sanatorium is that it impresses on the early case that he is an invalid, and makes him tolerant of the care which returning health and vigour tends to cause him to resent, so that probably all cases would do well to start for a month or so in a sanatorium for the sake of the drill; then, if all is going well and the patient is sensible and amenable, it is usually wise for him to go to the high resorts and complete the cure there. He will thus learn to take the requisite care, and will not have the touching and erroneous faith in the climate which leads many of the younger men to go to Davos or St. Moritz, and spend their lives in the billiard rooms of the hotels, breathing an atmosphere which is probably more impure than that of the underground railway or of the Abernethian room, and believe that they are deriving immense benefit from the wonderful Engadine air.

We have now got our patient under the most ideal conditions we know of for the restoration of his health: he is in a climate of rare excellence and of proved benefit for his particular complaint; he is provided with abundant food, and encouraged to eat plenty of it; and every detail of his life is subordinated to his health, and under constant skilled supervision. Can we do any more for him? It will be readily answered that of course any symptoms that arise should be dealt with on approved principles, and that especially a careful watch must be kept on his digestive and assimilative processes. So simple a remedy as H. Gent. & Rheo and Tr. Nuc. Vom. must not be forgotten if the appetite begins to flag and the Swiss cooking ceases to interest, and an occasional dose of calomel will work wonders when the stomach and intestines are beginning to weary of the liberal diet. An additional aid to nutrition which in some cases is of the very greatest value is the administration of the juice expressed from raw beef by means of a special apparatus. Two pounds of beef will yield about twelve ounces of the juice, and if this is taken in separate doses daily it will often be found to increase the appetite and weight of the patient in a most marked manner. Apart from the digestion many attempts have been and are being made to affect the local lesion. In this context the magic word creosote rises to our lips, and I suppose about few remedies have such absolutely contradictory statements been made. It has been given by every conceivable route—by the mouth, by the rectum, subcutaneously, intra-venously, and by inhalation. I am not in a position to add anything to either side of the controversy; I can only say that my own experience has taught me that in many cases creosote and its derivatives, especially Guaiacol. Carb., have a distinct effect on reducing the amount of sputum, that in other cases no result can be traced to its administration, and that unless a distinct benefit is derived from moderate doses it is no use pressing the remedy. One other attempt to deal directly with the infection may be mentioned, *i.e.* the inhalation of formalin vapour. This may be done in many ways: the most satisfactory is by mixing the solution of formalin with various essential oils and a little chloroform to modify its irritating qualities, and giving it frequently on a Burney Yeo inhaler. In this manner solutions of considerable strength may be used. I have known a case inhale a 40 per cent. solution for six hours a day without inconvenience, and a decided effect is often produced on the amount and character of the expectoration. Probably the action is not so much on the primary lesion as on the secondary bronchitis and on the secretion left in the larger tubes. But that the net result is in many

cases beneficial I am certain. There are numberless other remedies that have been tried with the same object, and some have been introduced with extravagant eulogy, but, as we have seen, the tendency of early cases is to get well under suitable hygienic conditions; and it is natural that the enthusiastic physician, if during the early stages he injects formalin into the veins or administers oil of garlic, or pumps H_2S up the rectum, should be inclined to attribute the improvement to these means. But the evidence that any of these methods have any effect on the local lesion is, to say the least, scanty and unconvincing.

Enough has been said to show that here, as elsewhere in medicine, routine treatment is bad treatment, that each case must be judged on its own merits and its conduct modified accordingly, and that the patient must be treated rather than the disease. What results may we look for from this line of treatment? This is a point on which much that is false and misleading has been said. Led away by the enthusiasm born of success, men have spoken and written in such a manner as to give the impression that all cases of pulmonary tuberculosis are highly amenable to treatment, and the word "cure" has been used so loosely and frequently that one really gets the impression that the disease is scarcely more formidable than a cold in the head. If we use the word in a correct and accurate sense it will be obvious that pulmonary tuberculosis is only capable of cure in its very early stages; it is as incorrect to speak of the cure of a case with large excavations as it is to speak of the cure of a mitral regurgitation when compensation is re-established: from the nature of the cases both are instances of incurable conditions. On the other hand, we know that the man with established compensation and an incompetent mitral valve, if he recognises his limitations and is content to live within them, and has good luck in avoiding fresh endocarditis and other conditions which are prejudicial to his complaint, may live usefully and actively for an indefinite number of years. In the same way a man with advanced tubercular lesions, if the disease becomes and remains for an adequate length of time stationary, and if he is willing to modify his life, both in regard to climate and occupation, in accordance with his physical condition, and has the same share of luck in avoiding fresh outbreaks of disease or severe catarrhs, may live an indefinite number of years. This is what many would refer to as a cured case, but when one considers how severe is the damage done to his lungs, and how precarious a hold on health he has, the word "arrest" would be more suitable than "cure." On the other hand, that some cases are really cured is undoubted, and both post-mortem and clinical evidence are overwhelming in their testimony to the reality of the cure. In a sense, no doubt, "nothing ever gets quite well," as Sir George Humphry used to say; but I think it is mere hair-splitting to refuse the term cure to the small cicatricial area which is so commonly seen at the apex of the lung at a post-mortem. We have no hesitation in speaking of a tubercular abscess in the neck as cured after the pus has been evacuated and a cicatrix has formed, yet the patient will bear the scar till the day of his death, and the analogy between the two conditions is very close. When, then, may we say that a case is really cured? I believe it to be impossible to make any hard and fast rule, or to give any physical signs that point unquestionably to a cure; but it may be stated broadly that if a patient has been free from all symptoms—cough, tubercular sputum, temperature, and loss of vigour and weight—for two clear years, and if the stethoscope gives evidence of no lesion in the lungs other than contraction of an area or of thickening of pleura, we may legitimately assume that he is cured, and with any luck will never hear of the matter again. Even in these cases there will be disappointments, but whether such are the results of a fresh infection or of the breaking down of the old lesion it is impossible to say. Are we then justified in advising a residence in a sanatorium or in a Swiss valley to people whom we recognise as being at the best only capable of being patched up? I think we are, because it is impossible to say of many cases that these are beyond repair without trying the effects of such treatments, and it is unquestionably true that the process of patching up is more effectually done by modern treatment than by the purely palliative measures which are our only resources at home. In the worst cases sometimes life is usefully continued by residence all the year round in a climate that has been found to be beneficial, and the number of cases one has seen recover to very fair measure of health, who have been sent out with only three weeks to live, is a testimony at once to the efficiency of the treatment and to the truth of the aphorism that the only thing a physician is certain of in giving a definite diagnosis of chronic tuberculosis is that he will be wrong. On the other hand, I consider it both cruel and unwise to send people away from home who are suffering from acute, rapidly advancing

tuberculosis: but the line between those who are likely to be and those who are certain not to be benefited is exceedingly hard to draw, and where there is a doubt the patient should have the benefit of it.

From what has been said it will be obvious that a line of treatment that at one time was very popular, and is still often prescribed, namely, the sea voyage, has many grave disadvantages. The uncertainty of weather and climate, the liability to imprisonment in a stuffy cabin for days in bad weather, the roughness of food, the many temptations to spend hours in card playing and drinking, above all the impossibility of obtaining the constant skilled supervision that we have seen to be so important, and the necessary roughness and unattractiveness of the food, all combine to make a long sea voyage—and there is no object unless the time taken be considerable—a very dangerous remedy. Undoubtedly many have recovered by these means, but I have seen too many of the disastrous failures not to regard the sea voyage as anything but a very haphazard and perilous prescription. Against the arguments from the cures must be put the consideration that many cases are cured annually in the slums of Clerkenwell, yet few would be so bold as to prescribe residence in Central Street to the tubercular patient.

I have presumed throughout that the hypothetical patient is fortunate enough to have the means and inclination to spend at least two years in the pursuit of health. Naturally these conditions are only fulfilled by a very small minority of the whole number of tubercular patients. What are we to do with the others? A good deal of money and much laudable philanthropy are being expended at the present moment in starting sanatoria in different parts of England for the treatment of the poorer classes of patients, and it is well to inquire how far such a movement is likely to be successful. There can be no doubt that the treatment as carried on at the various special hospitals is not altogether satisfactory; "cure" is scarcely aimed at, "patching up" the best that can be hoped; and though it is true that the thing that most surprises one on first working at such a hospital is the great number of patients who go on for many years and manage to earn their living, yet there can be no doubt of the truth and tragedy of the other side of the picture. Two difficulties—and they appear insurmountable—are in the way of the successful sanatorium treatment of the working classes: firstly, the difficulty, or rather the impossibility, of getting hold of the really early cases. In my hospital experience, which includes six months at a chest hospital, I have only seen two cases in the really early stages who could be persuaded to come into hospital; both were discharged apparently quite well. The explanation is very simple: a man in the early stages does not feel ill enough to make him give up work; the onset of his disease is typically so gradual and so little striking in its manifestations that he is inclined to hang on till something definite occurs, either a hæmorrhage or serious loss of power and vigour. Even if he does consult a doctor or a hospital about his cough, it is almost impossible to persuade him that he is seriously ill; he much prefers to have a bottle of medicine and to struggle on till the disease has taken definite hold. In the second place, if you have succeeded in getting your early case in, you will want the tongue of angels to keep him there for any adequate length of time. Again the explanation is simple enough. After a few weeks—in many cases a very few weeks—the patient will feel thoroughly restored in health and vigour, all the symptoms from which he suffered will have disappeared more or less completely, and yet the whole essence of the treatment consists in impressing on him that he is only just beginning, and that a return to work and the old conditions is an almost certain return to illness. Experience of the working classes makes one very sceptical of the probability of persuading a man whose family is dependent on him, who feels himself in perfect health, to continue to be treated as an invalid. So that if the working man's sanatoria ever come into existence the majority of the cases will be of the "patchable up" rather than of the curable type. It is probable that the patching up will be more effectually done there than in the hospitals, but it is well to go in for the movement with eyes open, and with no such golden dreams as some seem to indulge in who write on the subject.

As to the treatment in the special hospitals as at present carried out, with the differences which the altered circumstances necessitate. That is to say, the aim is to get the patient into as good a general condition as is possible, special attention being paid to the digestion. This does not sound very hopeful even for in-patients, still less so for out-patients, yet experience shows that the outlook is not so black as one would think. For it must be remembered that the worse the hygienic condition from which the patient comes, the

more prompt will be his response to treatment, so that in one sense the slum inhabitant who has been working and sleeping in a foul atmosphere, and eating poorly and irregularly, is a better subject for treatment than a member of the leisured classes. The in-patients respond wonderfully to the rest and good food, and for a time, at any rate, almost all show some improvement. Of the patients who were in-patients during my six months' residence, 54 per cent. added weight and were discharged distinctly improved, some very markedly so, and as far as one could follow them the improvement was maintained for some months. Many patients return every year for a considerable period, and get patched up by the rest and good treatment; but actual cures were very rare, chiefly, I believe, for the reason stated above, that they were so seldom seen in the curable stage. The actual treatment was chiefly symptomatic—bitters before meals, cod-liver oil after, belladonna for the night sweats, and morphia in some form for the cough. Creasote was often given, and often apparently with success. In one or two selected cases it was tried in enormous doses, e.g. ʒxxx three times a day, but I never could discover any improvement traceable to it. Certainly the general impression left on one was that gentian and rhubarb were the most valuable drugs in the treatment. For hæmoptysis, absolute rest, an injection of morphia, a light diet, and an efficient purge were usually efficacious. I have never seen the smallest good come from any styptic drugs, and as they mostly constipate they would seem to be contra-indicated. In the serious bleeding of a case with cavities, and presumably from an aneurysm, putting the patient on the side from which the blood is coming, so as to give the other lung a chance, is certainly good practice; these patients tend to die of drowning rather than of loss of blood. But in some of these there is no time to do anything, as they are suffocated before help can be given. It is not a common end (10 per cent. of the last 100 fatal cases at the Chest Hospital dying thus), but it is very common for the hæmorrhage to be the last straw, and the advanced case rarely survives a severe attack for many weeks.

For the serious and most distressing dyspnoea that is so common in the last stages the ether and ammonia mixture usually acts very well. In other cases an injection of strychnine and morphia is successful, and in one case I remember, which resisted all treatment, inhalations of oxygen acted like magic and compassed the euthanasia which is all that is to be aimed at when this very fatal symptom occurs. But it is a very uncertain remedy, and I have known it fail to give the smallest relief. Take it all round, it must be confessed that the treatment of these advanced cases is a most depressing and thankless task.

I am afraid you will think that I, like Charles II, have been an "unconscionable time a-dying," but, with your leave, I will test your patience for a moment longer whilst I try to recapitulate the chief points I have wished to bring out.

1st. Clinical and post-mortem evidence prove unquestionably that pulmonary tuberculosis is frequently cured, using the word in its strictest sense.

2nd. That from the nature of the case such a cure is only possible so long as the disease has not advanced to distinct lung destruction.

3rd. That phthisis in its typical manifestations is as incurable now as in the days of Laennec, so that we may reverse Niemeyer's aphorism, and say that the most unfortunate thing that can happen to a tubercular patient is that he should become phthisical.

4th. That pulmonary tuberculosis in almost every stage is capable of arrest, temporarily or permanently.

5th. That the earlier the diagnosis the more efficacious the treatment, and that diagnosis at the earliest possible moment is of more importance than any details of treatment.

6th. That for treatment to be successful the diagnosis must be early and accurate, the line of action must be promptly determined on and energetically pursued, and that treatment must be carried on for some time after all symptoms have disappeared.

7th. That on the whole the close medical supervision and the routine life of the sanatorium treatment gives the best results.

8th. That the efficacy of such treatment is not due to any specific action of the open air, but rather to the strictly hygienic life, under medical control, led in these institutions.

9th. That the efficiency of this treatment is much enhanced by being carried out in such a climate as that of the high Swiss valleys.

10th. That at least two full years should elapse after the last symptoms and physical signs of activity before a cure can be regarded as likely.

11th. That for these reasons it is improbable that the sanatoria

for the working classes will give the results that have been anticipated.

Lastly. That though few miracles can be looked for, yet there are cases apparently hopeless still capable of some sort of repair, and that here as elsewhere in medicine the part of true wisdom is not to expect too much, and not to aim at too little.

Two Cases of Hæmorrhage Treated Successfully by Supra-renal Extract.

Reported by J. HERBERT RHODES, M.B.Lond., and
S. R. SCOTT, M.B.Lond.



CASE 1.—F. L.—, æt. 31, a cabman, came to the Casualty room of the London Temperance Hospital on the morning of the 19th September, 1901. His nose was bleeding. He was a red-faced, well-nourished man. His nose began to bleed during a fit of coughing half an hour before.

On examination, no cause other than congestion of the mucous membrane was discovered. The anterior nares were plugged with gauze, and after lying down for a short time patient went out. During the day he visited the Casualty six times. Each time an ice-bag was placed on the nose, the nares re-plugged, and a variety of styptics—as ice-water, Hazeline, Liq. Ferri Perchlor., tannic acid,—applied locally. He also swallowed during the afternoon about two drachms of Extr. Ergotæ Liq.

In the course of that day patient vomited about three pints of only moderately diluted dark blood. When seen in the evening he was very pale. Pulse 100; respirations 20; temperature 99°.

Belloq's sound was passed and the posterior nares plugged with rolls of lint, iodoform gauze packed in each nostril, and the anterior plugs tied in. He was admitted into the hospital under the care of Dr. Collins.

During the night the plugs were readjusted; he was still bleeding. Pulse 120; respirations 18; temperature 98.8°. Hypodermic injection of one sixth grain morphia administered.

On September 20th more gauze was packed into nostrils. The bleeding was less. At night the bleeding was very profuse, and fresh plugs and gauze were adjusted; the nares also filled up with powdered tannic acid. Pulse 140; respirations 20; temperature 98°.

September 22nd.—Patient very anæmic. Hands and face twitch during sleep. Still bleeding and vomiting blood at intervals. Face swollen; blebs here and there on face. Tongue brown and dry. Pulse 112; respirations 24; temperature 103°. Plugs removed, are very foul; gauze only in nostrils. Severe bleeding during evening.

September 23rd.—Plugs frequently readjusted; continual oozing of blood. Patient has had various forms of internal hæmostatic remedies. Pulse 110; respirations 24; temperature 102°. During night bleeding less, pulse more rapid; he is very restless.

September 24th.—Hæmoglobin less than 15 per cent. Pulse 124; respirations 24; temperature 103.6°. Patient is delirious and attempts to get out of bed. Some blood vomited in afternoon. Face still swollen. Stinking blood-stained discharge from nose. At 5.30 p.m. severe bleeding came on from both nostrils, pouring from anterior and posterior nares. Temperature 102.2°; pulse 124; respirations 24. Both nostrils plugged with gauze soaked in decoction of supra-renal gland; bleeding ceased.

September 25th.—Plugs removed this morning; slight bleeding during the afternoon. Plugs, soaked as before, inserted. Bleeding ceased and did not recur. Temperature 102°; pulse 124; respirations 30. Plugs removed a few hours later and not re-applied. Temperature remained up during the next few days, and fell to normal on the 30th. Pulse never under 100 till September 29th. Respiration ranged from 36 to 20 per minute.

He was delirious at night till the end of September.

On October 29th he was discharged from hospital rather deaf, but otherwise well.

CASE 2.—A servant girl of 18 years, unmarried, possessing all the signs of virginity, was admitted to the London Temperance Hospital, August 12th, 1901, in an exhausted condition, suffering from bleeding from the uterus.

She gave the following menstrual history. Catamenia began at thirteen years of age. The periods had nearly always recurred

every twenty-eight days, only occasionally as soon as twenty-one days or as late as thirty-five days. Duration four days. Quantity of blood lost, average necessitating one diaper *per diem*. Some pain in lower part of abdomen before and during the first onset of the flow, the pain passing off before cessation of flow. She menstruated regularly from July 2nd to July 5th, 1901, and again from July 30th to August 2nd; *i.e.* on each occasion for four days with an interval of twenty-four days.

August 7th, that is, five days ago, patient began to lose blood *per vaginam*. She had not injured herself in any way. She had no pain or even discomfort.

August 11th.—Bleeding continued, and at end of four days she was too exhausted to do her work.

August 12th.—She was admitted to Hospital. She was blanched, but a well-nourished, sensible girl. Pulse was 100, soft and small. Respirations were 30. Temperature 98°. She was not restless but only exhausted. Blood was being lost very slowly *per vaginam*. The breasts were of the virgin type. All the other organs were healthy. Heart and lungs natural. No albuminuria.

August 13th.—In spite of rest, ergotin, and hot vaginal douches, bleeding did not cease.

Forenoon.—The pulse frequency was rising 110. A pelvic examination was made. *Per hypogastrium* nothing abnormal discovered. *Per vaginam*, inspection showed an intact, crescentic, non-dilated hymen. Vagina will just admit one finger. Cervix, usual situation; texture healthy; canal closed—nulliparous type. Bimanually, uterus in natural position; not enlarged; moveable. *Per speculum* ("duck-billed"), cervix healthy; no mauve discoloration; blood and mucus oozing from external os.

Blood-count:—Red cells 42 per cent., hæmoglobin 25 per cent., leucocytes 1 to 50.

In the afternoon.—Pulse rising to 120, temperature 101°, loud systolic murmur over pulmonary area has appeared since admission.

In the evening (twenty-four hours after admission).—Bleeding showed no signs of cessation—eighteen pads have been saturated in last twenty-four hours, pulse rising to 130, temperature 102.4°. The lips and conjunctivæ were bloodless, and patient was restless and drowsy. The opinion arrived at was, "that loss of blood is excessive, exhausting the patient;" "that it is uterine;" "that it is probably due to a local cause," *e.g.* mucous polypus; "that the cavity should be explored as soon as possible."

At midnight.—Patient was anesthetised with chloroform and placed in lithotomy position, athwart the bed. The vagina having been irrigated with one in two thousand biniodide of mercury, the cervix was steadied with volsellum and the canal dilated up to 1 cm. diameter. Ovum forceps were passed up to the fundus, but no growth was discovered. The uterine cavity was curetted. An uterine douche one in two thousand biniodide of mercury was given, and the cavity of the uterus swabbed out with pure tincture of iodine. During the process bleeding was fairly free.

At Dr. Soltau Fenwick's suggestion supra-renal extract, 5 gr. ad 3j, was poured into the vagina. The mucous membrane of the vagina at once felt indurated, and the os actively closed. All bleeding at once ceased, and did not recur. Cyanide gauze tampon was applied and removed next day.

August 14th.—Blood-count: Red cells 1,000,000, hæmoglobin 12 per cent.

August 17th.—Blood-count: Red cells 2,100,000, hæmoglobin 18 per cent.

Thenceforward the patient progressed satisfactorily, and was discharged 19th September, after a normal menstrual period.

A Case of Opium Poisoning.

By GODFREY LOWE, M.R.C.S., L.R.C.P., L.S.A.

CASES of opium poisoning are sufficiently frequent to warrant special attention being paid to those that present any novel features, either in the way of symptoms or treatment. It is estimated that three-fourths of the cases of poisoning in children under five years of age are due to opium. This drug has a peculiarly fatal effect on children, a case having been reported where a child of nine months old was killed by a dose of four drops of laudanum (less than $\frac{1}{2}$ gr. of opium).

At the same time some children present marvellous powers of recovery. A case is recorded (Hays) where a child who had swallowed a powder containing $\frac{7}{8}$ gr. of opium mixed with powdered chalk recovered with scarcely a symptom. The case I have to record is one where the child took a large dose and recovered, but only after the most dangerous symptoms had occurred.

I was called by Dr. A. L. Peacock, of Lincoln, on September 25th, at 4 p.m., to see a child, Lottie B—, aged two years and three months, at his house, to which she had been brought, having at 2.30 p.m., two hours after a meal, swallowed between 1 and 1½ drachms of laudanum (Tinct. Opii). On my arrival I found the child had been given a large dose of zinc sulphate followed by strong black coffee, but had not vomited. She was very drowsy, and was with great difficulty kept awake; face dusky, breathing stertorous, pupils contracted, pulse small and rapid. I passed a tube, and washed out the stomach with a solution of Potass. Permang. (gr. 1 ad Oj) till the fluid returned clear. The patient seemed to recover somewhat, and was taken home. At Dr. Peacock's request I undertook the subsequent treatment of the case. I saw her shortly after 5 p.m.; she was then insensible and could not be roused. Resp. 12, stertorous and shallow; pulse over 200, very thin; face cyanosed. Gave hypodermic of Atropin. Sulph. gr. $\frac{1}{16}$, which was followed by no apparent change. I repeated the dose at 6 p.m. The pupils became slowly dilated, but the respirations became shallower and almost ceased. Artificial respiration was employed for about ten minutes, when the breathing improved. At 7.15 p.m. I gave a hypodermic of Strych. Sulph. gr. $\frac{1}{16}$. At 8 p.m. the face, which had previously been pale, became flushed; the child remained absolutely unconscious, no reflex whatever could be obtained. At 9 p.m. the whole skin was flushed, hot, and dry, pupils widely dilated; respirations 22, much improved; pulse 180, better tone; temperature 104.6°. As the temperature seemed to increase (at 9.30 it was 105.6°) I commenced cold sponging the skin. I was afraid that the child was only going to recover from opium poisoning to die of hyperpyrexia. I kept applying a sponge wrung out of cold water to the whole surface of the skin, and had the satisfaction of finding the temperature gradually go down. By 10 p.m. it was 100.2°, and at the same time some slight movement of the hands was noticed, and a slight plantar reflex could be obtained. There was never any sign of convulsive movements. The improvement continued, and at 10.30 p.m., on being propped up, the child opened her eyes. At 10.45 p.m. I left, telling the friends to send for me if any serious symptom occurred, and instructing them to go on sponging the limbs only as long as they continued hot and dry. I called next morning and found her sitting up sucking a "dummy." Consciousness was said to have returned at midnight. I ordered calomel 3 gr. to be given at once, and two teaspoonfuls of castor oil to be given at night. I also ordered a mixture containing small doses of bromide and belladonna. Since that time she has made rapid progress, and except for extreme restlessness, which continued for some days, is now quite well.

The case is remarkable owing to the large dose of the poison originally taken, the length of time after a meal increasing the likelihood of its being absorbed, and the length of time which elapsed before our aid was obtained. The puzzling feature of the case was the high temperature which supervened some hours after. Whether this was due to some action of the poison on the heat centre I cannot say, but that seems a likely explanation.

A Case of Gummatus Iritis with Loss of an Eye in a Child aged One Year.

By G. V. BULL, M.B.

THE following case is interesting on account of the early age of the patient and the severity of the affection, resulting in softening and perforation of the cornea.

V. T—, æt. 1, was brought to the hospital on account of his eyes on October 18th, with the following history:—Two weeks ago the left eye "became bad," being reddened, and the cornea misty. The right eye followed.

When first seen there was interstitial keratitis and iritis in the left eye. There was no breach of surface of the cornea. The iris

was discoloured, and there were large yellowish masses projecting into the anterior chamber. There was complete posterior synechia. The right eye showed similar but less extensive disease of the iris, and no keratitis. A week later, as there was no improvement, the child was admitted.

Past history.—Bad "snuffles" in first month of life; coppery rash at three months. Scarring of buttocks.

The mother had one miscarriage (?) before the birth of this her only child. The father admits having had syphilis six years ago. The eye was bandaged and atropine put in, but in spite of this the cornea gave way on the 27th (unfortunately no one saw what came out). The other eye began to improve, and the pupil dilated a little in the outer quadrant. The child gradually went downhill with obstinate diarrhoea; erysipelas and joint pyæmia supervened, and he died in sixty hours.

Post-mortem.—The most noticeable lesion was in the left testicle, which was much enlarged, the tunica albuginea being very thick, and sending bands of fibrous tissue into the body of the organ. There was no naked-eye fibrosis elsewhere, except perhaps in the pulmonary arteries, which were thickened.

Interstitial keratitis is most common after five years of age, and rare so early as one year. It is also very rare for perforation to result, and I have been unable to hear of a case. It seems probable that in this case the iritis was the primary affection, and extended to the cornea, which softened and gave way owing to the severity of the inflammation, assisted possibly by the development of secondary glaucoma.

I have to thank Mr. W. T. Lister for permission to publish a note of this case.

The Advantages of Ethyl Chloride as a General Anæsthetic.

By H. F. PARKER, M.B., B.C.(Cantab.), House Physician to the Wolverhampton and Staffordshire General Hospital.

THE discovery and employment of ethyl chloride as an agent of general anæsthesia dates only from the year 1895. Since that time it has been used with gratifying results on the Continent, in Germany, Switzerland, France, and also in America. Its introduction into England is due, I believe, to Dr. W. J. McCardie, of Birmingham, who translated into English two papers on the subject by Dr. G. Lotheisen, of Innsbrück, where most of the first investigations were carried out. These translations were published in the *Birmingham Medical Review* for January and December, 1900, and should be read by any who are interested in the subject.

The form of apparatus usually employed is that known as Breuer's mask, which consists of a hollow metal globe connected by a spring valve with the facepiece. The ethyl chloride, which on account of its great volatility is kept in graduated glass tubes of 50 c.c. capacity, is sprayed as required through an opening in the globe on to a small piece of gauze contained therein; the expired air passes out of the apparatus by a second valve, so that no re-breathing is possible. The general appearance of the mask is shown in a diagram among the advertisements in the *Lancet*.

Anæsthesia is usually complete in from one and a half to two or three minutes, and, though not deep, is sufficient for many operations in minor surgery.

Recovery also is very rapid, patients usually regaining consciousness within a minute or two from the time of removal of the mask.

The anæsthetic is very pleasant to take, and there is a complete absence of unpleasant after-effects, such as headache, nausea, or giddiness; in fact, as far as the anæsthetic is concerned, patients can usually walk away from the operating table.

The advantages of ethyl chloride in suitably chosen cases are very marked. It appears to be a very safe anæsthetic, and, so far as I know, only one fatal case has been recorded out of several thousand administrations, that one occurring during a fit of struggling in a man with fatty degeneration of the heart with arterio-sclerosis of the coronary arteries and aorta.

The effect on pulse and respiration is very slight; there is no cyanosis or stertor, and only occasionally vomiting or struggling. On the other hand, muscular tone is generally retained, and therefore it is unsuitable for operations in which muscular relaxation is necessary (e.g. for hæmorrhoids and for most laparotomies).

The right degree of anæsthesia is generally secured when the lid-reflex is lost, and the corneal reflex is either dulled or completely lost.

During the past few months I have administered ethyl chloride in the form known as *kélène* in some 120 cases, mostly for minor operations. They include the opening of abscesses, removal of tumours, circumcisions with sounding for stone, dental extractions (14), tonsils and adenoids (8), empyemata (3), trephining for depressed fracture (1), etc.

On the Continent it has been used in major operations lasting an hour or more, but I feel doubtful of its superiority over the usual anæsthetics in such cases.

The cost of the outfit is not great, and portability is a great advantage.

The ethyl chloride is used at the rate of about 1 c.c. per minute for children, and a little more for adults. Men may require as much as 2 c.c. per minute.

The 50 c.c. tubes cost about 3s. each net, and the Breuer's mask a guinea or something less.

What I frequently use, however, in place of Breuer's mask is a simple contrivance in which the globe of this inhaler is attached to a Barth's (nitrous oxide) valve apparatus, and this again to an ordinary rubber facepiece. I have also tried Junker's inhaler and one or two "closed" methods, but have not found them so good as either of the above.

As with any anæsthetic, improvement comes with practice, but I feel sure that anyone who will give it a fair trial will not be disappointed with the results.

I Lament.

Oh the days gone by, the days gone by,
The days of second college and the old "Pre-Sci.,"
The merry, merry evenings at the festive "sup,"
The journeys down to Richmond for the football cup!
The future seemed so distant, no cloud was in the sky,
It all seemed beer and skittles in the days gone by.

Oh the days gone by, the days so free from care,
The friends and jolly faces in the old Bart.'s square;
The luncheons at the cake shop off the prehistoric bun,
And the dodging of the tailor with his monthly little dun!
Sixpence now is sixpence, and I wonder with a sigh
Why it seemed to be a shilling in the days gone by.

F. W. GALE.

Notes.

DR. GEE has been appointed Honorary Physician to the Prince of Wales.

* * *

SINCE our last issue a vacancy has occurred on the Surgical Staff through the resignation of Mr. Willett. It is always a matter of deep regret to witness the operation of the "age limit" rule, and it is particularly hard to lose one

of our staff while he is apparently enjoying vigorous health, and his faculties, far from being diminished by advancing years, seem to be ripening in the sunlight of experience.

We feel sure that we shall only voice the feelings of the whole Hospital in expressing our sense of sorrow that Mr. Willett should no longer be an active member of the Visiting and Teaching Staff: still there remains one consoling thought when we consider the age limit in all its aspects, namely, that it is a point of no little pride that our staff should enjoy such health as to lead to what may seem a somewhat premature retirement.

Mr. Willett entered Bart.'s in 1857, qualifying in 1859 (having previously studied for two years at the Sussex County Hospital, Brighton); he was House Surgeon from October, 1860-61, Surgical Registrar in 1862, appointed Warden of the College 1865, and in the same year was elected Assistant Surgeon on Sir William Lawrence's resignation. At Mr. Callender's death in 1879 he became full Surgeon. Since Sir Thomas Smith's resignation Mr. Willett has been Senior Surgeon to the Hospital.

MR. R. C. BAILEY has been appointed Surgical Registrar *vice* Mr. Waring, resigned.

CHRISTOPHER ADDISON, M.D., B.S.(Lond.), F.R.C.S., Professor of Anatomy at University College, Sheffield, has been appointed Lecturer on Anatomy at Charing Cross Hospital.

MR. H. JOSSE JOHNSON has been appointed Principal Medical Officer to the Gresham Life Assurance Society.

MR. V. S. A. BELL has started for Abyssinia as Medical Officer to an exploring expedition, under the command of Mr. H. S. H. Cavendish.

THE degree of M.D.(Cantab.) has been conferred upon Mr. J. Cropper and Mr. H. W. P. Young.

MR. F. K. WEAVER and Mr. T. Gillespie have taken the degrees of M.B., B.C., at the University of Cambridge; Mr. O. Inchley that of M.B.

London M.B. Examination Honours List.

C. J. THOMAS, Scholarship and Gold Medal in Medicine and Gold Medal in Obstetric Medicine.

A. E. THOMAS, Gold Medal in Forensic Medicine and Second Class Honours in Medicine.

E. E. YOUNG, First Class Honours in Obstetric Medicine.

Our hearty congratulations are due to the above. It is some years since we made such a heavy bag.

A FINE white marble bust of Her late Majesty, by R. Onslow Ford, has been placed in the Great Hall. It is a gift to the Hospital by Mr. Homan, one of the Governors.

A. O'NEILL and L. R. TOSSWILL have been playing for Devon in the County Championship matches, and the latter has been chosen to play in the International Trial match, North *v.* South.

WE regret that the Hospital only had one member of the Association Football team chosen to represent it in the match *v.* Middlesex on December 5th. *Absit omen* for the Cup Ties.

THE Mid-Sessional Address of the Abernethian Society will be given in the Anatomical Theatre on January 11th, by Dr. Champneys, who has chosen as his subject "Some Pages from the Ancient History of Obstetric Medicine and Surgery."

A CORRESPONDENT, whose signature was formerly well known in these columns (F. W. Gale), has put out a suggestion that a register should be published of all Bart.'s men, past and present. The undertaking would be immense if it were to include all known entries for the past eight centuries. It would be interesting if any reader could inform us how far back the official record of students goes; a complete Biographical History of the Hospital would be of great antiquarian value; but it might entail more time and labour than most Bart.'s men would be able to devote to its compilation.

WE understand that the Musical Society has been passing through chequered times, the trouble being that amid a glut of instrumental talent no conductor was forthcoming. At length, however, Dr. Haydon has undertaken the arduous duties, and the Christmas entertainment will have its usual orchestra.

By the way, "The Magistrate" is promised as the Christmas play—a somewhat difficult task for the Hospital Dramatic Club, seeing that the female *rôles* are filled by the sterner sex; yet, with the recollection of "Dandy Dick" before us, we anticipate with some confidence an unusually successful performance on January 9th and 10th.

THE forthcoming thirty-seventh volume of the 'St. Bartholomew's Hospital Reports' will be issued to subscribers about the middle of January. It will contain, amongst other contributions, articles by Sir Dyce Duckworth on "The Pathogeny of Chorea," and Dr. Langdon Brown's essay on "Pylephlebitis," which gained the Horton-Smith Prize at the University of Cambridge for the year 1900-1. There will also be papers by Mr. Butlin, Mr. Walsham, Mr. D'Arcy Power, Mr. Jessop, and Mr. McAdam Eccles. The financial position of the 'Reports' is still in an unsound condition, and further subscriptions are impera-

tively necessary if the series of volumes is to be continued. All gentlemen willing to subscribe, whether students or qualified, should give their names as soon as possible to Mr. P. F. Madden, in the Library of St. Bartholomew's Hospital.

* * *

WE regret that the Annual Dinner of the Amalgamated Clubs has had to be postponed, at any rate for the present. A notice, asking for the names of all willing to attend, has been displayed for some time on the Notice Board; up to the present very few names appear on it. Last year's dinner was a great success, and it was hoped that the experiment then tried for the first time, of having the dinner early in the winter session, instead of in the summer, would prove equally successful in future.

* * *

MESSRS. ARNOLD AND SONS, the well-known surgical instrument manufacturers, have again received the highest award for excellence in workmanship at the Naval and Military Exhibition, Crystal Palace, and also the highest award at the Military Exhibition, Earl's Court.

Correspondence.

To the Editor of the St. Bartholomew's Hospital Journal.

IS IT GOOD ENOUGH?

THE REORGANISATION OF THE R.A.M.C.

Such a lot of correspondence by various distinguished folk has lately been poured into the medical papers, on the question of the reorganisation of the R.A.M.C., that a few ideas on the subject by one who has for some years watched that service, and who has lately had the honour of working with it in South Africa, may not come amiss.

Twice, quite recently, I have been stopped in the square by Bart's men with the remark, "Look here, you have seen something of the R.A.M.C.: is it good enough?" You will see at once that this question eliminates many principles which would require consideration otherwise.

Patriotism, which drives a man, of the standing of one of our own surgeons or physicians, out to the war, is eliminated, and it simply remains a question of "is it good enough?"

To consider this, we must look at it from several points of view—social prospects, prospects as far as the practice of medicine and surgery, and monetary prospects. Take the position of a recently qualified man who enters the R.A.M.C. As all Bart's men are (or ought to be) old residents, we will imagine that he is thoroughly conversant with the ordinary civil hospital discipline. That is to say, though he does not patrol the square and wards in a spruce uniform, he is accustomed to good discipline, which is all the stronger because its actual enforcement is not obvious. We are all aware of the respectful help of the ward sister, the discipline of the nurses, and through them of the patients, and the box-carriers and porters are as a body useful and courteous. Well, our young man goes to Netley, where he appears as a S.O.P. (surgeon on probation). This sounds rather a fine title, but I can assure you that its owner has rather a thin time of it there.

Watched like an infant at his food in the mess, treated as of less importance than a raw dresser or clerk in the wards, his position in the eyes of the sick soldier or the ward orderly is ridiculous.

The old soldier amuses himself in a hundred ways at his expense. In the corridors, a talking sergeant of the R.A.M.C. will pass him with a leer, pipe in mouth. Small things to be offended at, you think, but work with the army and then speak. The only sign of respect for an officer is the salute of the soldier. It will strike you that you can, by your manner or professional ability, force respect

from the men. You are mistaken. Your manner must conform to the stereotyped (I had nearly written sealed) pattern as closely as possible, and your professional ability will not get much of a run at Netley. Good training to make an officer, I suppose, but deadly to the medical man, the essence of whose life is individuality tempered by knowledge.

Thus at the very outset of his career the young S.O.P. will find himself by no means in a bed of roses. Passing out, I presume he will go to Aldershot for a while, and thence either to India or South Africa. In a letter of Surgeon-General Hamilton in the 'Brit. Med. Journ.' November 23rd, 1901, he states that he has it on good authority that it is intended to keep officers at home for the first four years, that is till they have passed as captains.

This is, with all due deference to Surgeon-General Hamilton's authority, rather a chimera. How the service abroad, especially India and South Africa, could be worked without the newly entered men being used I cannot see. Even an attempt to keep some of them at home would deprive many hard-worked officers of their opportunity of getting sick leave.

Supposing he goes to India.

What a prospect! The very men who were with him at his hospital, and who are now in the I.M.S., have a tendency to look down on him (if you doubt this, talk to any I.M.S. man home on leave); whilst he has neither pay nor special honours to compensate for the dangers of the climate. That the dangers of fever are great I have seen so many instances. Many of the R.A.M.C. officers whom I saw in South Africa had come straight from India, and most of them were rotten with fever. I use the expression "rotten" advisedly, their strength was so undermined that they fell easy victims to any disease. And of course these men could not be expected to pay the great and unceasing attention necessary to their patients. They did their best under the circumstances, but their enfeebled constitutions rendered their best a little weak.

Socially I do not know the disadvantages talked of. A doctor, unless he forgets that he is primarily a doctor even before he is an officer, will always be treated with every consideration by the army. The men who have complaints to make about their treatment socially by combatant officers, are generally only too deserving of social oblivion, and had they not been in the army would have had even less standing.

Financially the service is not bad. The pay, except in India, is fair as long as one is unmarried. Marriage with no private income means a heavy struggle.

A very pertinent letter in the 'Brit. Med. Journ.' November 9th, 1901, signed "India is the Crux," really puts the matter of Indian service very well and forcibly. And now a few words on the reorganisation scheme.

After General Ian Hamilton's speech at St. Thomas's Hospital, at the opening of the winter session of the medical school, one of its physicians expressed his conviction that the new scheme would attract the best students that the hospital could supply.

One can but doubt this rosy view, that is if the student once understands the troubled career that lies before him if the present reorganisation scheme is adopted in its entirety.

A young medical man will enter for the examination, and, for the purpose of my argument, we will suppose that he passes with credit. He then serves in the R.A.M.C. for his first three years, also with credit. At the end of this time he can either retire, or if "his services have been satisfactory" he will be allowed either to continue serving or to enter the reserve.

Let us consider first the case of his entering the reserve. He receives the sum of 1s. 4½d. a day; that is to say, a sum four times as great as that received by a private of the army entering the reserve. We may dismiss without further question the idea that the committee of reorganisation intended to pay the medical man for his liability to be called up for service, and that therefore the £25 a year is merely intended as a retaining fee.

Unable to live on this money, our doctor proceeds to act as an assistant for a while, and having gained the necessary knowledge of private practice, does one of three things,—enters into a partnership, buys a practice, or, as it is commonly called, "squats," with the idea of slowly building up a practice by his own merits. In any of these ways we may safely say that he will expend a capital of £500 to £1000 before he earns sufficient to live comfortably out of his practice.

We will give him three years in which to suppose he has got a comfortable practice together and has married. Then war breaks out—another colonial or "beyond-the-seas" war. The medical reserves are at once called out. At a moment's notice he has to

leave his practice and go. His earnings are reduced from, say, £600 to £700 to his bare pay, that is about £400, and on this he will have to keep up his home establishment.

Medical men well know the difficulty of obtaining a really reliable *locum tenens* when there is plenty of time to choose, and in peace. In time of war, when most of the junior men will be keen to proceed to the front as civil surgeons, the difficulty will be greater. In any case, even if our medico did get a *locum*, it is unlikely that his practice, so recently established, would survive the removal of its maker. Doctors and patients know how strong the personal element is. So that I think you will see at once that from the point of view of the medical man who has entered the army medical for three years the medical reserve is a great danger.

Perhaps he would have to remain on active service two years or more, and in that time his practice and his own knowledge of the methods of private practice would have disappeared, and he would, unless he was "allowed to return to the active list" (in which case two thirds of the time he has served in the reserve would be lost), be indeed badly off when his services were no longer required. The privilege of returning to the active list we can fairly think would not be a great attraction to him, since he has already left the army after his three years' service. I know that it will be advanced against me that by the wording of the paragraph "he will be permitted to retire;" but if he does unconditionally, where is the value of this "reserve" scheme? And now suppose he is keen on an army career, and elects to continue to serve. He then proceeds to be attached to a hospital for six months; that is, I suppose, if the exigencies of the service permit it, and I do not see that unless the numerical strength of the R.A.M.C. is about trebled he will have much chance of getting his study leave.

Even before the war there were many officers of the R.A.M.C. who have had but small part of the leave due to them, as the shortness of numbers, sickness, or special conditions have prevented them getting their due.

But we will suppose that he gets his chance of study, and then he has all the pleasure (?) of preparing for an exam., competitive in character, with the knowledge that if he passes it he has got another in six years' time, and again after another six. I feel indeed sorry for the poor medical officer, whose sorrows are thus renewed again and again.

The worst of the examinations is the last—the one for Lieut.-Colonel.

Let me cite a case, which any one conversant with the R.A.M.C. will at once see might happen. Major X., R.A.M.C., has say fifteen to eighteen years' service, and has reached his present rank after excellent work both in the field and in peace service. His last station has been in, say, Burma. He is full of fever, broken in health, has applied for sick leave, when a War Office letter reaches him ordering to England for three months to prepare for his examination. He returns home, is ill with fever most of the time, not sufficient to actually keep him in bed, but quite sufficient to prevent him working at books. He goes up for his examination and is ploughed. He is depressed, in bad health, over-anxious, goes up again and again fails. I think we will all admit that Major X. may be an excellent practical man, and yet fail at exams., especially the last one, where many subjects (ten) must all be taken together, and where a higher standard (50 instead of 40 per cent.) is required than in the other exams. He is compulsorily retired on a gratuity (!) of £2500, broken in health, and unfit for civil work.

What an "awful example" for the candidate for the R.A.M.C.! There is a saving clause in the report that "he may, by special permission of the Secretary of State, complete twenty years' service and then retire on pension;" but, unless the first part of this clause is a farce—and this special permission is extended to all failures—how hard this compulsory retirement will press on some individuals!

It seems absurd to think that an officer whose services have been valuable for so many years should suddenly become useless as the result of an examination.

I see no clause in the scheme which provides for special consideration or extra marks being allotted to officers who have done good work in the field or in hospitals. Clause 49 provides for brevet, but it is not considered apparently for cases not quite deserving brevet, and yet worthy of reward.

I have rather gloomily dilated on one or two points of the scheme which will make it, I am afraid, unpalatable to the young medical man who wishes to serve his country in the R.A.M.C., but who thinks before he does so. It is better they should see these disadvantages now than have them appear before them after they have entered the service.

I do not know how many medical practitioners or even consultants would retain their present positions if they were subjected to searching examinations on all professional subjects *plus* hospital management, hygiene, civil law affecting lunatics, military law, etc., every six years or so.

Many of the reforms seem excellent, although one cannot quite see to what point the "specialism" which is going to be so encouraged will succeed. Supposing a Major R.A.M.C. becomes a specialist in otology, I wonder how many cases of "mastoid" will come into his hands?

To sum up by returning to the question asked above, "Is it good enough?"

If you are keen on a military life rather than a professional one, fond of pleasant military society, an open-air life, and have private means, I suppose it is; but if you are very jealous of your medical work, or criticism of it, unable to stomach affronts (shall we say touchy?), or want to make money—no.

Of course the reorganisation may really alter things for the better. No one for a moment doubts the thorough honesty of its backers, but will it succeed? And if the scheme succeeds will it tend to improve the military doctor? Time will show; like the Scotchman, "I hae ma doots."

A. G.

Amalgamated Clubs.

RUGBY FOOTBALL CLUB.

"A" TEAM.

ST. BART'S v. ST. THOMAS'S HOSPITAL "A."

Played at Winchmore Hill on November 20th, and resulted in a win for St. Thomas's by 1 goal and 3 tries (14 points) to *nil*. Team:

G. P. Jones (back); N. M. Wilson, C. H. Cross, H. C. Waldo, W. R. Favell (three-quarters); W. H. Scott (capt.), W. Loughborough (halves); A. Ryland, R. M. Miller, E. C. Hodgson, R. M. Rankin, J. H. Roberts, R. Jamison, A. J. Kindrew, and R. V. Favell (forwards).

ST. BART'S v. SURBITON "A."

This match was played at Surbiton on Saturday, November 23rd, and resulted in a win for the Hospital by 3 goals (15 points) to 2 tries (6 points). The tries were gained by Scott, Haines, and Plews. Scott converted all 3 goals. Team:

G. P. Jones (back); N. M. Wilson, J. M. Plews, F. H. W. Brewer, R. L. Haines (three-quarters); W. H. Scott (capt.), C. H. Cross (halves); R. M. Miller, E. C. Hodgson, C. F. Nicholas, J. H. Roberts, H. M. Huggins, W. R. Pooley, S. Trevor-Davies, and A. J. Kindrew (forwards).

ST. BART'S v. LONDON HOSPITAL "A."

This match was played at Lower Edmonton on Wednesday, November 27th, and ended in a win for the London by 1 goal 3 tries (14 points) to *nil*. Team:

G. P. Jones (back); R. L. Haines, F. H. W. Brewer, C. H. Cross, V. C. Upton (three-quarters); A. C. Wroughton, W. Loughborough (halves); T. A. Izard, A. Ryland, E. C. Hodgson, J. H. Roberts, H. V. Wenham, R. V. Favell, G. S. Watkins, and T. W. Chaff (forwards).

ST. BART'S v. UPPER CLAPTON "A."

Played on the ground of the latter on Saturday, November 30th, and resulted in their favour by 14 points (1 goal 3 tries) to 1 goal. The try was gained by Haines and converted by Scott. Team:

R. C. McDonagh (back); R. L. Haines, F. H. W. Brewer, H. C. Waldo, G. P. Jones (three-quarters); C. H. Cross, A. J. Kindrew (halves); W. H. Scott (capt.), C. F. Nicholas, H. M. Huggins, A. J. Symes, W. R. Pooley, J. H. Roberts, R. Jamison, and S. Trevor-Davies (forwards).

ST. BART'S v. COURT HILL.

Played at Beckenham Hill on Saturday, December 7th, and resulted in a win for the Hospital by 19 points (2 goals 3 tries) to 5 points (1 goal); tries gained by Scott (2), Singh (1), Owen (1), and Haines (1). The two goals converted by Scott. Team:


G. P. Jones (back); K. S. Singh, H. B. Owen, F. H. W. Brewer, R. L. Haines (three-quarters); W. H. Scott (capt.), F. R. Carroll, E. C. Hodgson, C. F. Nicholas, A. J. Symes, J. H. Roberts, W. R. Pooley, S. Trevor-Davies, R. V. Favell, and H. V. Wenham (forwards).

UNITED HOSPITALS HARE AND HOUNDS CLUB.

The date for decision of the Inter-Hospital ten miles cross-country race is only about six weeks distant, and it is hoped that any men who are interested in this fine sport will turn out as often as possible in the near future. It will be remembered that last year, although we had first man home (J. G. Gibb), St. Thomas's won the cup by two points. We hope to improve upon that effort this season and win outright. The present conditions allow any number of runners to represent each hospital, the first three to count. This should be an incentive to men to train for this event, as they are certain of having an opportunity of showing their prowess. The form shown in this contest will in great measure enable the Committee to determine the team of six to race against Dublin University at Dublin on February 21st, and a pretty useful team should be available, although the distance (six miles) is rather against such fine stayers as J. G. Gibb and A. C. Birt. Dublin, however, would not race over ten or even eight miles. Had the longer course have been agreed to our chance would have looked very rosy. Only a few individuals find their way to Winchmore Hill for Wednesday runs, the most regular being P. Gosse, A. C. Wilson, F. S. Lister, G. Orton, and T. Bates. A very pleasant course of about five miles has been obtained, and the runs are thoroughly enjoyed by the participants.

December 17th was quite a "field day" at our headquarters at Blackheath, the Blackheath, Ranelagh, and United H. H. and H. Clubs holding a conjoint friendly run over seven miles. J. G. Gibb, A. C. Birt, F. S. Lister, H. Barnett, and G. Orton ran prominently in the various packs. Birt is the possessor of a very fine deerhound, which always runs with the fast division, and is much admired both for its appearance and utility in warding off the attacks of various small dogs we happen to encounter.

Ibernethian Society.

 THE fourth ordinary meeting of the session was held on October 31st, Mr. Danks in the chair. A paper was read by Mr. G. V. Bull, on "Some Forms of Cirrhosis of the Liver in Children." He thought the condition was commoner than was generally supposed, as it was not infrequently discovered by accident, and many cases of what was possibly or probably cirrhosis were never examined microscopically. He had collected 56 cases, 14 of these being due to congenital defect, 14 due to syphilis, 3 to specific fevers, 2 to tubercle, 1 to alcohol, the rest being of doubtful origin. The paper was illustrated by specimens from the museum and by microscopical specimens, and a case in a child of six was shown due to congenital syphilis, the liver being nodular and reaching to the umbilicus.

The chief symptoms and pathological appearances were described. The congenital cases were taken separately. In these jaundice was always present, hæmorrhage in 11 cases, and vomiting in 7. In the other cases ascites was present in more than half, jaundice in 18, vomiting and hæmorrhage in 16. The commonest mode of termination in these cases was with high fever, probably due to the absorption of some toxin from the system.

Nervous symptoms, such as delirium and convulsions, were also common, occurring in 8 of the second series of cases. Acute yellow atrophy and thrombosis of the hepatic veins occurred in 2 cases. A case was also mentioned where paralytic symptoms occurred, and *post mortem* cirrhosis of the liver was the only lesion found.

In the discussion which followed some form of intestinal poisoning was suggested as a probable cause of many of the cases.

At the end of the meeting the Chairman gave information of a gift made to the Society by the Very Rev. Dean Fleming of three engravings, which were of general and antiquarian interest to members of the Hospital. Suitable acknowledgment of his kindness was made to the Dean. The engravings are hung in the Society's room.

The fifth ordinary meeting was held on November 7th, Mr. Shrubsall in the chair.

Mr. Nixon read a paper on "The Evolution of the Medical School," in which he endeavoured to trace from the earliest times the history of the teaching of medicine rather than its practice. Taking as his starting-point the Egyptian civilisation, as furnishing the most reliable historical evidence of the existence of any organised

system of medical education, he passed through the scant records which exist, and discussed the rise of Greek medicine from Æsculapian times to those of Hippocrates, showing how from the Hippocratic school medical lore spread over Eastern Europe until the fall of the Byzantine Empire, with the subsequent decline of all medicine save such as was preserved among the Arabian schools. From this source the monasteries of Monte Cassino, and later Salerno, revived and brought to Western Europe those seeds of knowledge which were destined to give rise to the Universities of Padua, Bologna, and later Oxford and Cambridge. English medical schools in their modern form owed everything to these universities, and in no small degree the foundation of scientific medicine was due to the work of one man, Dr. Caius, who introduced into Cambridge practical anatomy. The separation of surgery from medicine and the development of the College of Surgeons out of the Barber-Surgeons' Company occupied a considerable part of the paper. Finally, the causes which determined the influx of students to the hospitals for clinical study and the various phases of hospital education closed an interesting historical survey.

There was considerable discussion after the paper, the President bringing forward some facts on medical education which anticipated the period with which the paper dealt by several ages.

The sixth ordinary meeting was held on November 14th, Mr. Danks in the chair.

Mr. Gask read a paper on "The Dangers and Difficulties of Minor Surgical Operations." He dealt with the various operations *seriatim*.

Circumcision required mainly care and neatness for success. Should not be done on very young babies unless necessary, and then without general anaesthesia. The incidence of hæmorrhage and sepsis was discussed, and the time for operation placed under the two heads of "absolute necessity" and "convenience."

Adenoids ought to be accurately localised. Lowenberg's forceps were useful for discrete growths; the ring knife for a mass produced as commonly by growth in longitudinal folds. He quoted Arbuthnot Lane and Semon on the subject, and deprecated indiscriminate operation, some cases only needing constitutional treatment.

Tonsillotomy required, in his opinion, an instrument with a keen cutting edge. Its dangers were from sepsis, too vigorous removal, and from anaesthetics, and recurrence might be troublesome.

For *varicocele* the open operation was best. Possible complications were orchitis, due to manipulation; atrophy of the testis from privation of the blood-supply, and collapse from anaesthetics. He recommended palliative treatment in all but the worst cases. Operation should be determined by presence of pain, physical distress, impending atrophy of the testis, and the requirements of the services.

Tracheotomy and *intubation* were discussed, especially in relation to diphtheria.

Minor amputations were also dealt with, Mr. Gask drawing attention to the remarkable vitality in the hand, and to the utility of even a small stump.

The paper concluded with some useful observations upon "needles in the hand" and *abscesses*.

There was a very good discussion.

A clinical evening was held on November 22nd, Mr. Shrubsall presiding.

Mr. Bull showed two cases.

(i) A boy with an injured ankle. There were swellings in the neighbourhood of both malleoli, and shortening of the leg to the extent of half an inch. He excluded osteo-arthritis, syphilis, new growth, and tubercle, and gave his diagnosis as Dupuytren's fracture.

Mr. West found no widening between the malleoli, disregarded the slight shortening, and suggested swellings of the synovial membranes of tibialis anticus and the peronei, Messrs. Scott and Hunt concurring.

(ii) A case of scurvy rickets in a child. There was no question of diagnosis; its interest lay in the fact that the characteristic hæmorrhagic swellings were limited to the cranium.

Mr. Picton showed a case of epidermolysis bullosa in a patient who had been the subject of the disease from childhood. The bullæ appeared as the result of friction upon knees, elbows, toes, and knuckles.

Mr. Shrubsall showed microscopic sections, and gave the diagnosis from other similar diseases.

In reply to Mr. Waterfield, Mr. Picton said his treatment was to prevent friction, Unna's soap locally, and arsenic internally.

Mr. Niall showed a case of a woman who four years ago had a

pimple on her left cheek, followed by two small papules on the back of the neck, which had developed into a large saddle-shaped eruption extending down to the upper lumbar spine.

Mr. Picton thought that it was a syphilide of seborrhœic nature. Mr. Izard concurred.

Mr. Niall stated that he would put the patient on mercury and iodide of potash, and show the result to the Society on another occasion.

Mr. Sale showed a case of a woman who had unilateral tremor, which came on when she was seven months pregnant, and had persisted. He excluded paralysis agitans and hemichorea, and thought the tremors functional. Mr. West agreed. Mr. Picton could not so easily exclude paralysis agitans.

Mr. Pinker showed a case of syphilitic periostitis to demonstrate the beneficial effect of mercury and iodide of potash, combined with rest in bed and massage.

Mr. Maclaren showed two cases.

(i) A case of hairy black tongue, or nigrities, with illustrative microscopic specimens. The disease came and went *sponte sua*, and resisted all treatment.

(ii) A man whose hand had been crushed in 1892, and whose little finger, and later the whole carpus and parts of the metacarpals, had been removed. The result was very satisfactory. The man had now a deformed but useful limb. *Cave* hasty amputation.

Review.

ELEMENTS OF PRACTICAL MEDICINE. By A. H. CARTER, M.D., F.R.C.P. Eighth Edition. H. K. Lewis. Price 10s. Pp. 590.

The fact that this book has already run through seven editions in twenty years is in itself a sufficient proof of its popularity in the estimation of those to whom it is addressed.

The medical student is supposed to require his food chopped very small, and, thanks to the efforts of his caterers, the student seems to thrive on this fare.

There can be no doubt that of books of this class, which are intended only to give beginners a brief survey of the subject, this is among the best.

A great deal that one regards as essential to the description of any particular disease is of necessity left out, and especially we have to complain of the complete absence of what may be called the *clinical picture* of the disease. The symptoms are tabulated with praiseworthy accuracy, the variations from the common type detailed, and the course and complications described in due order, but there is nothing about all this to suggest a *patient* to the reader. The stress of examinations has rendered this method of studying medicine customary if not obligatory, and Dr. Carter has met the need in the best possible way.

New Productions.

Petanelle. PATÉ BURKE AND CO., 6, Wool Exchange, E.C.

We have received from the manufacturers various samples of the above surgical dressings, which are made of peat-fibre wool. The wool is of a very light texture, and possesses excellent absorbent properties. For profuse discharges these dressings prove to be far better suited than most of the other preparations in the market, as the wool retains its elasticity and does not "felt" like other dressings.

Pus is uniformly diffused through its substance instead of soaking through merely at the point of contact.

For empyema or colotomy wounds, where the discharge is being poured out in large quantities, we have found this dressing unusually satisfactory.

The wool is non-odorous and does not tend to stick to the skin, nor does it give rise to any irritation. For padding of splints its elasticity renders it exceptionally applicable.

The reasonable prices at which the several preparations are sold add greatly to their other advantages.

Calendar.

1901.

Dec. 17.—Dr. Gee and Mr. Langton's duty.

" 20.—Sir Dyce Duckworth and Mr. Marsh's duty.

" 21.—Winter session divides.

" 24.—Dr. Hensley and Mr. Butlin's duty.

" 25.—Christmas Day.

" 27.—Sir Lauder Brunton and Mr. Walsham's duty.

" 31.—Sir Wm. Church and Mr. Willett's duty.

1902.

Jan. 3.—Dr. Gee and Mr. Langton's duty.

" 6.—Winter session resumes.

" 7.—Sir Dyce Duckworth and Mr. Marsh's duty.

" 9.—Abernethian Society. Mid-session Address by Dr. Champneys, "Some Pages from the History of Obstetric Medicine and Surgery."

" 10.—Dr. Hensley and Mr. Butlin's duty.

" 11.—A.F.C. v. Civil Service. Away.

R.F.C. v. Lennox at Stamford Bridge.

Hockey Club v. Enfield at Enfield.

" 14.—Sir Lauder Brunton and Mr. Walsham's duty.

Final College Examination begins.

" 15.—A.F.C. v. Richmond Association at Shepherd's Bush.

R.F.C. v. Royal Engineers at Chatham.

Examinations.

UNIVERSITY OF LONDON.

M.B. Honours Examination.

C. J. Thomas, First-Class Honours, Scholarship, and Gold Medal in Medicine; First-Class Honours and Gold Medal in Obstetric Medicine.

A. E. Thomas, Second-Class Honours in Medicine, First-Class Honours and Gold Medal in Forensic Medicine.

E. E. Young, First-Class Honours in Obstetric Medicine.

M.B. Pass Examination.

First Division.—R. A. Lloyd, R. H. Paramore, C. A. S. Ridout, A. E. Thomas, C. J. Thomas, E. E. Young.

Second Division.—L. E. Dickson, E. W. J. Ladell, E. V. Lindsey, F. H. Noke.

New Addresses.

ADDISON, CHRISTOPHER, Charing Cross Hospital Medical School, W.C.

CORNISH, SYDNEY, The Old House, Dorking.

FORD, F. C., 1, Sunnyside, Wimbledon, S.W.

GUTCH, J., 12, Museum Street, Ipswich.

ROSE, E. F., Chalfont St. Giles.

WREFORD, HEYMAN, The Firs, Denmark Road, Exeter.

Births.

COLEMAN.—On December 3rd, at Beaufort House, Castle Street, Reading, the wife of Maurice W. Coleman, M.B., of a son.

NICHOLLS.—On November 4th, at Longton, Staffs, the wife of Hubert Nicholls, M.D.Cantab., M.R.C.S., J.P., of a son.

Marriages.

HENSHAW—GARNER.—On August 21st, at St. Cyril's Church, Stonehouse, Gloucester, by the Rev. C. Strudwick, M.A., Harry Williams Henshaw, M.R.C.S., L.R.C.P., D.P.H., of 1, Priory Terrace, Kew, to Caroline Louise, eldest daughter of George R. Garner, of Springbank, Stonehouse.

PAGET—HARRIS.—On November 28th, at St. John's Parish Church, Croydon, by the Vicar, the Rev. Canon Pareira, M.A., R.D., Walter Gray Paget, M.R.C.S. (Eng.), L.R.C.P. (Lond.), only child of the late John Gray Paget, Esq., of Nindaroo, Mackay, Queensland, to Edith Helena, youngest daughter of John Charles Harris, M.R.C.S. (Eng.), L.M., etc., of Waddon Bridge House, Croydon.